Image# 15970307709 PAGE 1 / 22

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Office U	Jse Only			
1.	NAME OF COMMITTEE (in		YPE OR F	PRINT ▼		mple: If typion the lines.	ng, type	12FE4	1M5				
Α	mericas Healt	h Insurar	nce Pla	ns PAC	(AHIP PA	C)					1		
AD	DRESS (number and	d street)	601 Penr	sylvania Ave	nue, NW								
į	Check if diffe	ront	South Bu	South Building, Suite 500									
L	than previous reported. (AC	sly	Washing	ton				DC	2000	4			
2.	FEC IDENTIFICA	ATION NUM	IBER ▼		CITY ▲		5	STATE 🛦		ZIP CO	DE 🛦		
	C C00106740	)			3. IS THIS REPORT		NEW (N) <b>OR</b>		AMENDED (A)				
4.	TYPE OF REP (Choose One)	ORT	(b) Mon	ort	Feb 20 (M2)		May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)		
	(a) Quarterly Rep	orts:	Due	On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)		
	April 15				Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)		
	Quarterly	Report (Q1)	(c)	12-Day	П	Primary (12F	P)	Gen	eral (12G)	П	Runoff (12R)		
	July 15 Quarterly	Report (Q2)		PRE-Election Report for the		Convention (	(12C)	Spe	cial (12S)				
	October Quarterly	15 Report (Q3)							(120)				
	January Year-End	31 Report (YE)	)	E	Election on	M M /	D   D /	Y   Y   Y	Y	in the State o	f		
	July 31 N Report (N Year Onl	Non-election	(d)	30-Day		General (300	G)	Run	off (30R)		Special (30S)		
	Terminati (TER)	on Report		Report for t	ne:	M - M /	D D /	Y = Y = Y	Y	in the			
	(ILN)			E	Election on					State o	f		
5.	Covering Period	02	/ D 01		015	through	02	28		)15			
l ce	ertify that I have ex	amined this	Report a	nd to the be	est of mv kno	wledge and	belief it is tru	e. correc	t and comple	ete.			
	pe or Print Name of		Charles \										
									M M / D	D /	Y		
Sig	nature of Treasurer	. Charles	W. Stellar			[Electronicall	y Filed] D	ate	03 20	)	2015		
NO.	TE: Submission of fa	alse, erroneo	us, or inco	omplete infor	mation may su	ubject the per	son signing th	is Report	to the penalt	ies of 2 l	J.S.C. §437g.		
	Office		· ·		1,9 0.	, - p-	<u> </u>			FOR			
	Use Only									Rev. 12/20			

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

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

Report Covering the Period: From: 02 01 2015 To: 02 28 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		47941.84
	(b) Cash on Hand at Beginning of Reporting Period	38674.41	
	(c) Total Receipts (from Line 19)	28585.56	36896.12
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	67259.97	84837.96
7.	Total Disbursements (from Line 31)	9038.66	26616.65
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58221.31	58221.31
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

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

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: 02	01 2015 To:	0: 02 28 2015				
I. Receipts	I. Receipts COLUMN A Total This Period					
1. Contributions (other than loans) From:	<u>'</u>					
(a) Individuals/Persons Other						
Than Political Committees	12414.55	17065.57				
(i) Itemized (use Schedule A)	7 7 7					
(ii) Unitemized(iii) TOTAL (add	1171.01	4830.55				
Lines 11(a)(i) and (ii)	13585.56	, 21896.12				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees (such as PACs)	15000.00	15000.00				
(d) Total Contributions (add Lines	7					
11(a)(iii), (b), and (c)) (Carry						
Totals to Line 33, page 5)	28585.56	36896.12				
2. Transfers From Affiliated/Other						
Party Committees	0.00	0.00				
_	0.00					
B. All Loans Received	0.00	0.00				
4. Loan Repayments Received	0.00	0.00				
5. Offsets To Operating Expenditures	,	,				
(Refunds, Rebates, etc.)	0.00					
(Carry Totals to Line 37, page 5)	0.00	0.00				
6. Refunds of Contributions Made						
to Federal Candidates and Other		0.00				
Political Committees	0.00	0.00				
7. Other Federal Receipts	0.00	0.00				
(Dividends, Interest, etc.)	0.00	0.00				
(a) Non-Federal Account						
(from Schedule H3)	0.00	0.00				
(IIOIII Scriedule 113)	0.00	0.00				
(I) I a is <b>5</b> a la (Cara Osla I I a II <b>5</b> )	0.00	0.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
Total Receipts (add Lines 11(d),     12, 13, 14, 15, 16, 17, and 18(c))  ▶	28585.56	36896.12				
Total Federal Receipts     (subtract Line 19(s) from Line 10)	00505 50	20000 10				
(subtract Line 18(c) from Line 19)▶	28585.56	36896.12				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures: — (a) Allocated Federal/Non-Federal	10101 11101	Calcilaai Teal-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) N 5 1 1 0	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
Expenditures	38.66	116.65		
(c) Total Operating Expenditures	7			
(add 21(a)(i), (a)(ii), and (b))▶	38.66	116.65		
Transfers to Affiliated/Other Party				
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	9000.00	26500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E)  Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
F				
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To:				
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
_				
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00			
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
	0.00	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		
_				
Total Disbursements (add Lines 21(c), 22,	* * * * * * * * * * * * * * * * * * * *			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9038.66	26616.65		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	9038.66	26616.65		

#### **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)	28585.56	36896.12		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28585.56	36896.12		
6. Total Federal Operating Expenditures  (add Line 21(a)(i) and Line 21(b))▶	38.66	116.65		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
8. Net Operating Expenditures (subtract Line 37 from Line 36)	38.66	116.65		

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

FOR	LINE	NU	MBER	:	PAGE	-	6	OF	22
(che	ck only	or	ne)						
X	11a		11b		11c		12	2	
	13		14		15		16	6	17

	he name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
Americas Health Insurance Pla	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  A. Jeremy Allen		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	1.W.	M M / D D / Y Y Y Y
Suite 500, South Building		02 15 2015
City	State Zip Code DC 20004	Transaction ID : 20150310202256-3
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	1
Americas Health Insurance Plans	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	525.00	
Full Name (Last, First, Middle Initial)  3. Jeremy Allen		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	I.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building		02 27 2015
City Washington	State Zip Code DC 20004	Transaction ID: 2015031020239-3
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	]
Americas Health Insurance Plans	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	525.00	
Full Name (Last, First, Middle Initial)		Day of Day of
Tom Amontree		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	N. VV.	02 15 2015
Suite 500, South Building City	State Zip Code	02 15 2015 Transaction ID : 20150310202256-4
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer	Occupation	-
America's Health Insurance Plans	Executive Vice President, Business Aff	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	833.32	
Other (specify) ▼	833.32	
SUBTOTAL of Receipts This Page (optional)		458.33
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 7 OF 22 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Tom Amontree Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 27 City Zip Code State Transaction ID: 2015031020239-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Business Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 833.32 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 02 15 2015 City State Zip Code Transaction ID: 20150310202256-5 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 833.32 Other (specify) Full Name (Last, First, Middle Initial) c. Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 27 2015 City State Zip Code Transaction ID: 2015031020239-5 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 833.32 Other (specify) 624.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LIN	PAGE		8	OF	22			
(check only one)								
<b>X</b> 11a		11b		11c		12		
13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City State Zip Code Transaction ID: 20150310202256-6 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Regional Director America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 241.68 Other (specify) Full Name (Last, First, Middle Initial) B. Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 27 2015 City State Zip Code Transaction ID: 2015031020239-6 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼	241.68	
Full Name (Last, First, Middle Initial) Kenneth Burdick	•	Date of Receipt
Mailing Address 16306 Avila Blvd		02 10 2015
City	State Zip Code	Transaction ID : C8C92CD3BB0346AE9795
Tampa	FL 33613-1035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
Wellcare, Inc.	CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
NUDTOTAL of Descripto This Days (self-real		2583.34

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

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

C.

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 20150310202256-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 333.32 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 27 2015 City State Zip Code Transaction ID: 2015031020239-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 333.32 Other (specify) Full Name (Last, First, Middle Initial) **c.** Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 15 2015 City State Zip Code Transaction ID: 20150310202256-8 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 229.16 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	IMBER	:	PAGE	•	10 O	F	22
Use separate schedule(s) for each category of the	(che	ck only	or	ne)						
Detailed Summary Page		11a		11b		11c		12		
,		13		14		15		16		1

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) Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 27 City Zip Code State Transaction ID: 2015031020239-8 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 15 2015 City State Zip Code Transaction ID: 20150310202256-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 416.68 Other (specify) Full Name (Last, First, Middle Initial) Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 27 2015 City State Zip Code Transaction ID: 2015031020239-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee.

270.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

416.68

Vice President, Marketing and Graphics

Aggregate Year-to-Date ▼

Occupation

Name of Employer

Primary

Receipt For:

America's Health Insurance Plans

Other (specify)

General

FOR LINE NUMBER: PAGE 11 22 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 20150310202256-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 27 2015 City State Zip Code Transaction ID: 2015031020239-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 15 2015 City State Zip Code Transaction ID: 20150310202256-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 833.32 Other (specify) 333.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF 22 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 27 City Zip Code State Transaction ID: 2015031020239-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 833.32 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 15 2015 City State Zip Code Transaction ID: 20150310202256-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 833.32 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 02 27 2015 Suite 500, South Building City State Zip Code Transaction ID: 2015031020239-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 833.32 Other (specify) 624.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	FOR LINE NUMBER: PAGE 13 OF								
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page		11a		11b		11c		12		
,		13		14		15		16		17

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  A. Paul Eiting		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building	02 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 2015031020239-16
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
America's Health Insurance Plans	Deputy Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	216.68	
Full Name (Last, First, Middle Initial)  3. Cynthia Goff		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building		02 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : 20150310202256-20
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
BlueCross and BlueShield of Minnesota	Executive Director	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	333.32	
Full Name (Last, First, Middle Initial)  Cynthia Goff		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building		02 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 2015031020239-20
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
BlueCross and BlueShield of Minnesota	Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	199109ato Toal-to-Date ▼	
Other (specify) ▼	333.32	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	208.33
TOTAL This Period (last page this line number	only)	

	FOF	R LINE	NU	IMBER	:	PAGE	. 1	14 OI	F	22
Use separate schedule(s)	(che	eck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		117

	Statements may not be sold or used by any persibe name and address of any political committee t	
NAME OF COMMITTEE (In Full) Americas Health Insurance PI	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  William M. Gracey  Mailing Address 99 Walnut St		Date of Receipt
Apt 601 City Chattanooga	State Zip Code TN 37403-1139	O2 18 2015 Transaction ID : A2240C9D4C6941328D45 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer  BlueCross BlueShield of Tennessee  Receipt For:  Primary General  Other (specify) ▼	Occupation President & CEO  Aggregate Year-to-Date ▼  5000.00	
Full Name (Last, First, Middle Initial)  Crystal Kuntz  Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building	Date of Receipt    Mark	
City Washington	State Zip Code DC 20004	Transaction ID : 20150310202256-28  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.32	
Full Name (Last, First, Middle Initial)  C. Crystal Kuntz		Date of Receipt
Mailing Address 601 Pennsylvania Avenue I Suite 500, South Building		02 27 2015
City Washington	State Zip Code DC 20004	Transaction ID: 2015031020239-28  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer  America's Health Insurance Plans	Occupation Vice President	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.32	
SUBTOTAL of Receipts This Page (optional).		5166.66
TOTAL This Period (last page this line number	er only)	

	FOF	R LINE	NU	IMBER	:	PAGE	•	15 OF	-	22
Use separate schedule(s)	(che	ck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  Courtney Lawrence  Mailing Address 601 Pennsylvania Avenue N.V.	N.	Date of Receipt
Suite 500, South Building		02 15 2015
City	State Zip Code	Transaction ID: 20150310202256-29
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	333.32	
Full Name (Last, First, Middle Initial)  Courtney Lawrence	Date of Receipt	
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building	02 27 2015	
City	State Zip Code	Transaction ID : 2015031020239-29
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	333.32	
Full Name (Last, First, Middle Initial)  C. Beth Leonard		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.\ Suite 500, South Building		02 15 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20150310202256-30
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer	Occupation	
America's Health Insurance Plans	Senior Director Public Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	833.32	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	374.99
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 16 OF 22 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 27 City Zip Code State Transaction ID: 2015031020239-30 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation Senior Director Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 833.32 Other (specify) Full Name (Last, First, Middle Initial) B. Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 27 2015 City State Zip Code Transaction ID: 2015031020239-39 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Susan Pisano Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 15 2015 Suite 500, South Building City State Zip Code Transaction ID: 20150310202256-43 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 134.39 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Strategic Communication Receipt For: Aggregate Year-to-Date ▼ Primary General 637.56 Other (specify) 405.22 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	IMBER	:	PAGE	•	17 OF	=	22
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		117

Any information conied from such Reports and	Statements may not be sold or used by any pers	on for the nurnose of soliciting contributions
	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  Susan Pisano  Mailing Address 601 Pennsylvania Avenue N.	N	Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building	vv.	02 27 _ 2015 _
City Suite 500, South Building	State Zip Code	02 27 2015 Transaction ID: 2015031020239-43
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	134.39
Name of Employer	Occupation	1
America's Health Insurance Plans	Vice President Strategic Communication	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 637.56	
Full Name (Last, First, Middle Initial)  Lawrence Platt	Date of Receipt	
Mailing Address 601 Pennsylvania Avenue N.	M = M / D = D / Y = Y = Y	
Suite 500, South Building	State 7in Code	02 15 2015
City	State Zip Code DC 20004	Transaction ID : 20150310202256-44
Washington	1000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	1
America's Health Insurance Plans	Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	333.32	
Full Name (Last, First, Middle Initial)  C. Lawrence Platt		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building		02 27 2015
City Washington	State Zip Code DC 20004	Transaction ID: 2015031020239-44  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	1
America's Health Insurance Plans	Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	333.32	
SUBTOTAL of Receipts This Page (optional)		301.05
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 18 OF 22 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 20150310202256-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 27 2015 City State Zip Code Transaction ID: 2015031020239-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 15 2015 Suite 500, South Building City State Zip Code Transaction ID: 20150310202256-48 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 833.32 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR	R LINE	NU	IMBER	:	PAGE	•	19 OF	=	22
Use separate schedule(s)	(che	eck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  Charles Stellar		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W.		M = M / D = D / Y = Y = Y
Suite 500, South Building City	State Zip Code	02 27 2015
Washington	DC 20004	Transaction ID : 2015031020239-48
	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer	Occupation	
America's Health Insurance Plans	Executive V.P.	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	833.32	
Full Name (Last, First, Middle Initial)  Mark Van Koevering		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W		M = M / D = D / Y = Y = Y
Suite 500, South Building	7: 0 :	02 15 2015
City	State Zip Code	Transaction ID : 20150310202256-51
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	333.32	
Full Name (Last, First, Middle Initial)  Mark Van Koevering		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W	,	M = M / D = D / Y = Y = Y
Suite 500, South Building	•	02 27 _ 2015 _
City	State Zip Code	Transaction ID : 2015031020239-51
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Executive Director	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	333.32	
SUBTOTAL of Receipts This Page (optional)		374.99
TOTAL This Period (last page this line number of	nly)	12414.55

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 OF 22 (check only one)  11a
	ly information copied from such Reports and State for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (	AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Anthem, Inc. Political Action Committee Mailing Address 120 Monument Circle	e (ANTHE	M PAC)	Date of Receipt
	City Indianapolis	State IN	Zip Code 46204	02 10 2015  Transaction ID : DFF2FB0CE3D04F558E11  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0197228	5000.00
	Name of Employer	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
В.	Full Name (Last, First, Middle Initial) Unum Group Political Action Commit	tee (UNU	MPAC)	Date of Receipt
	Mailing Address 1 Fountain Square	02 10 / 2015		
	Chattanooga	State TN	Zip Code 37402	Transaction ID : FA5EBA6AF90E44DF9698  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0177436	5000.00
	Name of Employer	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Wellcare Health Plans, Inc. PAC (V	VELLCA	RE PAC)	Date of Receipt
	Mailing Address 8735 Henderson Road		,	02 10 2015
	City Tampa	State FL	Zip Code 33634	Transaction ID : DE991E40879744F7910C  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0390575	5000.00
	Name of Employer	Occupation	1	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
s	UBTOTAL of Receipts This Page (optional)			15000.00

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

15000.00

S	CHEDULE B (FEC Form 3X)		Τ,		IE NIIIM	DED.				PAGE	21	OF :	22
	EMIZED DISBURSEMENTS	Use separate schedule(s	s)   (	FOR LINE NUMBER:  (check only one)								J. 4	
• •		for each category of the Detailed Summary Page	- 1	21	'	22	X	23		24	25		26
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or	for commercial purposes, other than using the name	ne and address of any polit	tical co	mmittee	to solic	it co	ntrib	utions	fron	n such o	commi	ttee.	
$  \setminus $	NAME OF COMMITTEE (In Full)												
/	Americas Health Insurance Plans F	PAC (AHIP PAC)											
_	Full Name (Last, First, Middle Initial)												
A.					Da	ate of	f Dis	sburse	men	ıt			
			N	02 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	Mailing Address PO Box 301141												
	City	State Zip Code											
	Indianapolis	IN 46230			1	rans	acti	ion ID	: D4	111DE32	DE312	2D1DA	3F
	Purpose of Disbursement												
	2016 Primary			011	An	noun	t of	Each	Disb	ourseme	nt this	Perioc	1
	Candidate Name			tegory/							250	0.00	7
	Daniel R. Coats  Office Sought: House Disbursen	nent For: 2016		Гуре		_		7		7			
		Primary General											
	President	Other (specify) ▼											
	State: IN District:												
_	Full Name (Last, First, Middle Initial)												
В.	Jenkins for Congress				Da	ate of	f Dis	sburse	men	ıt			
	Mailing Address PO Box 727				N	л = м 02	1	0		y = y 2015	Y		
	Walling Address PO Box 727					UZ			-4		2013		
	City	State Zip Code			١,	Transaction ID : E22A552CB0F3E49						=49ΔC	D5
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	Purpose of Disbursement 2016 Primary			011	An	Amount of Each Disburse					nt this	Period	1
	Candidate Name				1 /	Amount of Each Bissursoment this Foriog						7	
	Evan H. Jenkins			tegory/ Type		500.00							J
	Office Sought: House Disbursen	ment For: 2016	1										
		Primary General											
	President State: WV District: 03	Other (specify) ▼											
_	Full Name (Last, First, Middle Initial)				+				—				_
C.	Kyrsten Sinema for Congress				Da	ate of	f Dis	sburse	emen	ıt			
					N	M III	7	D	D	/ Y	Y Y	Y	
	Mailing Address PO Box 25879					02		1	7	;	2015		
	City	Ohada Zin Oada											
	City S Tempe	State Zip Code AZ 85285			1	Γrans	acti	ion ID	: D1	IFBCCB	5943F	F70BC	;42
	Purpose of Disbursement												
	2016 Primary		011	Ar	noun	t of	Each	Disb	ourseme	nt this	Period	i	
	Candidate Name							-			500	0.00	٦
	Kyrsten Sinema  Office Sought:	ment For: 2016		Гуре	_  L	-	_	7		7	500	3.30	
		Primary General											
	President	Other (specify)											
	State: AZ District: 09	• • • •											
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s	UBTOTAL of Disbursements This Page (optional)			······ <b>&gt;</b>				7			800	0.00	
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	AGE 22 OF 22								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)									
	Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28c	25 26 29 30b								
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NAME OF COMMITTEE (In Full)												
$ \; angle$ Americas Health Insurance Plans F	PAC (AHIP PAC)											
Full Name (Last, First, Middle Initial)												
A. Mullin for Congress			Date of Disbursement									
			M M / D D /	YYYY								
Mailing Address PO Box 3681			02 10	2015								
City	state Zip Code											
Muskogee	OK 74402		Transaction ID: 35A385CC0B0CFFDEB									
Purpose of Disbursement 2016 Primary		011	Amount of Each Disburs	ement this Period								
Candidate Name			Timodini or Zaon Diobaro									
Markwayne Mullin		Category/ Type		1000.00								
	nent For: 2016											
	Primary General											
State: OK District: 02	Other (specify) ▼											
Full Name (Last, First, Middle Initial)												
В.			Date of Disbursement									
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Turpose of Dispursement			Amount of Each Disburs	ement this Period								
Candidate Name		Category/										
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Office Sought: House Disbursem												
	Primary General Other (specify) ▼											
State: District:	(-  <b>/</b> /											
Full Name (Last, First, Middle Initial)												
C.			Date of Disbursement									
Mailing Address			M M / D D /	Y								
City	state Zip Code											
Purpose of Disbursement												
			Amount of Each Disburs	ement this Period								
Candidate Name		Category/										
Office Sought: House Disbursem	nent For:	Type										
	Primary General											
	Other (specify) ▼											
State: District:												
CURTOTAL of Distance and Title 2				1000.00								
SUBTOTAL of Disbursements This Page (optional)		······										
TOTAL This Period (last page this line number only).				9000.00								