FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

ADDRESS (number and street) ▼

601 Pennsylvania Avenue, NW

South Building, Suite 500

☐ Check if different than previously reported. (ACC)

CITY ▲	STATE ▲	ZIP CODE ▲
Washington	DC	20004 –

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

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

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

Election on MM 11 / DD 08 / YYYY 2016 in the State of DC

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

Election on MM / DD / YYYY in the State of

5. Covering Period MM 10 / DD 01 / YYYY 2016 through MM 10 / DD 19 / YYYY 2016

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

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

Signature of Treasurer *Tavenner, Marilyn, B., ,* ***[Electronically Filed]*** Date MM 10 / DD 25 / YYYY 2016

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

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

Report Covering the Period: From: MM 10 / DD 01 / YYYY 2016 To: MM 10 / DD 19 / YYYY 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYY 2016		63476.79
(b) Cash on Hand at Beginning of Reporting Period	36263.52	
(c) Total Receipts (from Line 19)	2510.43	146890.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	38773.95	210367.53
7. Total Disbursements (from Line 31)	17500.00	189093.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21273.95	21273.95
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. 05/2016)

Write or Type Committee Name

Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

Report Covering the Period: From: M M 10 / D D 01 / Y Y Y Y 2016 To: M M 10 / D D 19 / Y Y Y Y 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2434.94	93359.50
(ii) Unitemized	75.49	8531.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	2510.43	101890.74
(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) ▶	2510.43	146890.74
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	2510.43	146890.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	2510.43	146890.74

DETAILED SUMMARY PAGE
of Disbursements

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

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	93.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0.00	93.58
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	17500.00	186500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	2500.00
29. Other Disbursements (Including Non-Federal Donations)	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	17500.00	189093.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	17500.00	189093.58

DETAILED SUMMARY PAGE
of Disbursements

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

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2510.43	146890.74
34. Total Contribution Refunds (from Line 28(d))	0.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2510.43	144390.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	93.58
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	0.00	93.58

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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 (America's Health Insurance Plans PAC)

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 2307.60

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-2

Amount of Each Receipt this Period: 115.38

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-3

Amount of Each Receipt this Period: 192.30

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): America's Health Insurance Plans
Occupation (for Individual): Senior Vice President Clinical Affairs

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-4

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 557.68

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-5

Amount of Each Receipt this Period: 192.30

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 769.20

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-6

Amount of Each Receipt this Period: 38.46

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-7

Amount of Each Receipt this Period: 76.92

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 307.68

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-9

Amount of Each Receipt this Period: 57.69

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1923.20

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-10

Amount of Each Receipt this Period: 96.16

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-11

Amount of Each Receipt this Period: 57.69

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 211.54

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-12

Amount of Each Receipt this Period: 19.23

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 769.20

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-13

Amount of Each Receipt this Period: 38.46

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-14

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 82.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 846.23

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-15

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 2307.60

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-16

Amount of Each Receipt this Period: 115.38

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1269.29

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-19

Amount of Each Receipt this Period: 115.39

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 307.70

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): America's Health Insurance Plans
Occupation (for Individual): Executive Vice President

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

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-21

Amount of Each Receipt this Period: 192.30

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 923.00

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-22

Amount of Each Receipt this Period: 46.15

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-23

Amount of Each Receipt this Period: 76.92

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 315.37

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-24

Amount of Each Receipt this Period: 76.92

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-25

Amount of Each Receipt this Period: 19.23

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 369.20

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-26

Amount of Each Receipt this Period: 18.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 114.61

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 369.20

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-29

Amount of Each Receipt this Period: 18.46

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-30

Amount of Each Receipt this Period: 57.69

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-32

Amount of Each Receipt this Period: 19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 95.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-33

Amount of Each Receipt this Period: 76.92

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-34

Amount of Each Receipt this Period: 19.23

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 769.20

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-36

Amount of Each Receipt this Period: 38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): America's Health Insurance Plans
Occupation (for Individual): Manager, Special Projects

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

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-37

Amount of Each Receipt this Period: 19.23

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-38

Amount of Each Receipt this Period: 192.30

☐ Memo Item

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

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City: Washington | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2016

Transaction ID : 2016101917231-40

Amount of Each Receipt this Period: 76.92

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Wick, Kristi, , ,
Mailing Address: 601 Pennsylvania Avenue N.W. Suite 500, South Building
City: Washington | State: DC | Zip Code: 20004
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): America's Health Insurance Plans
Occupation (for Individual): Digital Media Coordinator
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 384.60
Date of Receipt: 10 / 07 / 2016
Transaction ID : 2016101917231-41
Amount of Each Receipt this Period: 19.23
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name:
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name:
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 19.23

TOTAL This Period (last page this line number only) ▶ 2434.94

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

A. Full Name (Last, First, Middle Initial): Ami Bera for Congress
Mailing Address: PO Box 582496
City: Elk Grove | State: CA | Zip Code: 95758
Purpose of Disbursement: 2016 General
Category/Type: 011
Candidate Name: Bera, Amerish, B., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 07
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 17 / 2016
FEC Identification Number: C C00461061
Transaction ID : C664FBB663
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Brad Ashford for Congress
Mailing Address: PO Box 24023
City: Omaha | State: NE | Zip Code: 68124
Purpose of Disbursement: 2016 General
Category/Type: 011
Candidate Name: Ashford, Brad, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NE District: 02
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 17 / 2016
FEC Identification Number: C C00557181
Transaction ID : 9E9D0D679E
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Diana DeGette for Congress
Mailing Address: PO Box 61337
City: Denver | State: CO | Zip Code: 80206-8337
Purpose of Disbursement: 2016 General
Category/Type: 011
Candidate Name: DeGette, Diana, L., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CO District: 01
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 17 / 2016
FEC Identification Number: C C00311639
Transaction ID : CF2121EB90
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

A. Full Name (Last, First, Middle Initial): IMPACT
Mailing Address: 192 Lexington Ave. Suite 1001
City: New York | State: NY | Zip Code: 10016
Purpose of Disbursement: 2016 Contribution
Category/Type: 011
Candidate Name: IMPACT
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: M M 10 / D D 17 / Y Y Y Y 2016
FEC Identification Number: C C00348607
Transaction ID : E4A3204072D
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Kurt Schrader for Congress
Mailing Address: PO Box 3314
City: Oregon City | State: OR | Zip Code: 97045
Purpose of Disbursement: 2016 General
Category/Type: 011
Candidate Name: Schrader, Kurt, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 05
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 17 / Y Y Y Y 2016
FEC Identification Number: C C00446906
Transaction ID : 8A9D5781A5A
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Norma Torres for Congress
Mailing Address: 728 W Edna Place
City: Covina | State: CA | Zip Code: 91722
Purpose of Disbursement: 2016 General
Category/Type: 011
Candidate Name: Torres, Norma, Judith, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 35
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify) ▼
Date of Disbursement: M M 10 / D D 17 / Y Y Y Y 2016
FEC Identification Number: C C00557652
Transaction ID : 18604D6EC2
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 8500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

A. Full Name (Last, First, Middle Initial): Terri Sewell for Congress
Mailing Address: PO Box 1964
City: Birmingham | State: AL | Zip Code: 35201
Purpose of Disbursement: 2016 General
Category/Type: 011
Candidate Name: Sewell, Terri, Andrea, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: AL District: 07
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 17 / 2016
FEC Identification Number: C C00458976
Transaction ID : 7B05E6FACB
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Vargas for Congress
Mailing Address: 330 Encinitas Blvd
City: Encinitas | State: CA | Zip Code: 92024-8705
Purpose of Disbursement: 2016 General
Category/Type: 011
Candidate Name: Vargas, Juan, Carlos, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 51
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 17 / 2016
FEC Identification Number: C C00497321
Transaction ID : DB1D40A70C
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Victory by Investing Building and Empowering (VIBE) PAC
Mailing Address: One Park Row 5th Floor
City: Providence | State: RI | Zip Code: 02903
Purpose of Disbursement: 2016 Contribution
Category/Type: 011
Candidate Name: Victory by Investing Building and Empowering (VIBE) PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 10 / 17 / 2016
FEC Identification Number: C C00570101
Transaction ID : EA55E08E4E
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

TOTAL This Period (last page this line number only) ▶ 17500.00