

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		47941.84
(b) Cash on Hand at Beginning of Reporting Period.....	61088.31	
(c) Total Receipts (from Line 19)	12888.48	230052.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	73976.79	277994.69
7. Total Disbursements (from Line 31).....	10500.00	214517.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	63476.79	63476.79
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

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

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).....	7828.46	140507.42
(ii) Unitemized	60.02	8774.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7888.48	149281.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	80000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12888.48	229281.60
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	723.25
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	48.00
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))..... ▶	12888.48	230052.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12888.48	230052.85

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	1017.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1017.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	208500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5000.00
29. Other Disbursements	0.00	0.00
30. 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) "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)) ..	10500.00	214517.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10500.00	214517.90

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12888.48	229281.60
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12888.48	224281.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1017.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	723.25
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	294.65

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Brad Alexander
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Media Relations Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt 12 / 15 / 2015
Transaction ID : 2016010410734-2
 Amount of Each Receipt this Period 10.42
 Memo Item

B. Brad Alexander
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Media Relations Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt 12 / 31 / 2015
Transaction ID : 2016010410754-2
 Amount of Each Receipt this Period 10.42
 Memo Item

C. Jeremy Allen
 Full Name (Last, First, Middle Initial)
 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 Americas Health Insurance Plans Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3125.00

Date of Receipt 12 / 15 / 2015
Transaction ID : 2016010410734-3
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.84
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jeremy Allen
 Full Name (Last, First, Middle Initial)
 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 Americas Health Insurance Plans Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3125.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : 2016010410754-3
 Amount of Each Receipt this Period **125.00**
 Memo Item

B. Tom Amontree
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Executive Vice President, Business Aff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4999.92**

Date of Receipt **12 / 15 / 2015**
Transaction ID : 2016010410734-4
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Tom Amontree
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Executive Vice President, Business Aff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4999.92**

Date of Receipt **12 / 31 / 2015**
Transaction ID : 2016010410754-4
 Amount of Each Receipt this Period **208.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	541.66
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)	PAGE 8 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Chris Anderson
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Associate-Clinical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt 12 / 15 / 2015
Transaction ID : 2016010410734-1

Amount of Each Receipt this Period 10.42

Memo Item

B. Chris Anderson
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Associate-Clinical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt 12 / 31 / 2015
Transaction ID : 2016010410754-1

Amount of Each Receipt this Period 10.42

Memo Item

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

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 America's Health Insurance Plans Occupation Executive Vice President, Clinical Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.92

Date of Receipt 12 / 15 / 2015
Transaction ID : 2016010410734-5

Amount of Each Receipt this Period 208.33

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 229.17

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)	PAGE 9 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

A. Carmella Bocchino
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Executive Vice President, Clinical Aff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 2016010410754-5
 Amount of Each Receipt this Period
 208.33
 Memo Item

B. Dianne Bricker
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1075.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2016010410734-6
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Dianne Bricker
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1075.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 2016010410754-6
 Amount of Each Receipt this Period
 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	291.67
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)	PAGE 10 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kathleen Callanan
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2149.92

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-7

Amount of Each Receipt this Period
83.33

Memo Item

B. Kathleen Callanan
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2149.92

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-7

Amount of Each Receipt this Period
83.33

Memo Item

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

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 America's Health Insurance Plans Occupation Executive Director Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1850.00

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-9

Amount of Each Receipt this Period
62.50

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 229.16

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)	PAGE 11 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Winthrop Cashdollar
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Executive Director Product Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1850.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : 2016010410754-9
 Amount of Each Receipt this Period **62.50**
 Memo Item

B. Yvonne Chanatry
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Vice President, Marketing and Graphics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2650.08**

Date of Receipt **12 / 15 / 2015**
Transaction ID : 2016010410734-10
 Amount of Each Receipt this Period **104.17**
 Memo Item

C. Yvonne Chanatry
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Vice President, Marketing and Graphics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2650.08**

Date of Receipt **12 / 31 / 2015**
Transaction ID : 2016010410754-10
 Amount of Each Receipt this Period **104.17**
 Memo Item

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kirstin Dawson
Full Name (Last, First, Middle Initial)

Mailing Address 602 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 America's Health Insurance Plans Occupation Senior Research Associate, Clinical Po

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-11

Amount of Each Receipt this Period
10.42

Memo Item

B. Kirstin Dawson
Full Name (Last, First, Middle Initial)

Mailing Address 602 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 America's Health Insurance Plans Occupation Senior Research Associate, Clinical Po

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-11

Amount of Each Receipt this Period
10.42

Memo Item

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

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 America's Health Insurance Plans Occupation Executive Director Insurance Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1525.00

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-12

Amount of Each Receipt this Period
62.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	83.34
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)	PAGE 13 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Gregory Dean
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Executive Director Insurance Education
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1525.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : 2016010410754-12
 Amount of Each Receipt this Period **62.50**
 Memo Item

B. Randolph Desonia
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Director, Medicaid Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 15 / 2015**
Transaction ID : 2016010410734-13
 Amount of Each Receipt this Period **10.00**
 Memo Item

C. Randolph Desonia
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Director, Medicaid Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : 2016010410754-13
 Amount of Each Receipt this Period **10.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	82.50
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)	PAGE 14 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

A. Mary Beth Donahue
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Executive VP, Policy & Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2016010410734-14
 Amount of Each Receipt this Period
 208.33
 Memo Item

B. Mary Beth Donahue
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Executive VP, Policy & Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 2016010410754-14
 Amount of Each Receipt this Period
 208.33
 Memo Item

C. Paul Eiting
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Deputy Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2016010410734-16
 Amount of Each Receipt this Period
 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.33
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)	PAGE 15 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Paul Eiting
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Deputy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.08

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-16

Amount of Each Receipt this Period
41.67

Memo Item

B. Matthew Eyles
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW
South Building, Suite 500

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Executive Director, Policy & Regulator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4050.00

Date of Receipt
12 / 07 / 2015
Transaction ID : BBD6B66DFE99448F84CB

Amount of Each Receipt this Period
950.00

Memo Item

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

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 America's Health Insurance Plans Occupation Policy Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
524.92

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-17

Amount of Each Receipt this Period
20.83

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1012.50

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)	PAGE 16 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Kathryn Gallagher
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Policy Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
524.92

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-17

Amount of Each Receipt this Period
20.83

Memo Item

B. Candy Gallaher
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.08

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-18

Amount of Each Receipt this Period
41.67

Memo Item

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

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 America's Health Insurance Plans Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.08

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-18

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	104.17
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)	PAGE 17 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Leanne Gassaway
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **699.92**

Date of Receipt **12 / 15 / 2015**

Transaction ID : 2016010410734-19

Amount of Each Receipt this Period **27.08**

Memo Item

B. Leanne Gassaway
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **699.92**

Date of Receipt **12 / 31 / 2015**

Transaction ID : 2016010410754-19

Amount of Each Receipt this Period **27.08**

Memo Item

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

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 BlueCross and BlueShield of Minnesota Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1999.92**

Date of Receipt **12 / 15 / 2015**

Transaction ID : 2016010410734-20

Amount of Each Receipt this Period **83.33**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **137.49**

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)	PAGE 18 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Cynthia Goff
 Full Name (Last, First, Middle Initial)
 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 BlueCross and BlueShield of Minnesota Occupation Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1999.92**

Date of Receipt **12 / 31 / 2015**
Transaction ID : 2016010410754-20
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Mark Hamelburg
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2375.00**

Date of Receipt **12 / 15 / 2015**
Transaction ID : 2016010410734-21
 Amount of Each Receipt this Period **125.00**
 Memo Item

C. Mark Hamelburg
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2375.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : 2016010410754-21
 Amount of Each Receipt this Period **125.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	333.33
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)	PAGE 19 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Wendy Henson
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Deputy Director, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-22

Amount of Each Receipt this Period
10.00

Memo Item

B. Wendy Henson
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Deputy Director, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-22

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 601 Pennsylvania Ave NW
South Building, Ste 500

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Senior Director of External & Politica

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
12 / 21 / 2015
Transaction ID : 54C964B11B1549958FD9

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 270.00

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)	PAGE 20 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joni Hong
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Senior Associate Counsel, Special Proj

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **12 / 15 / 2015**

Transaction ID : 2016010410734-23

Amount of Each Receipt this Period **31.25**

Memo Item

B. Joni Hong
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Senior Associate Counsel, Special Proj

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : 2016010410754-23

Amount of Each Receipt this Period **31.25**

Memo Item

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

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 America's Health Insurance Plans Occupation Deputy Director, Client Learning Servi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.08**

Date of Receipt **12 / 15 / 2015**

Transaction ID : 2016010410734-24

Amount of Each Receipt this Period **41.67**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **104.17**

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)	PAGE 21 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Burt Hudson
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Deputy Director, Client Learning Servi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.08

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-24

Amount of Each Receipt this Period
41.67

Memo Item

B. Aryana Khalid
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1041.65

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-26

Amount of Each Receipt this Period
208.33

Memo Item

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

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 America's Health Insurance Plans Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1041.65

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-26

Amount of Each Receipt this Period
208.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.33
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)	PAGE 22 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Erik Komendant
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW
Suite 500, South Building

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Health Insurance Plans Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3025.00

Date of Receipt
12 / 07 / 2015
Transaction ID : 720E55E02AF6470DA6E8

Amount of Each Receipt this Period
1000.00

Memo Item

B. Clare Krusing
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Deputy Press Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
864.62

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-28

Amount of Each Receipt this Period
50.00

Memo Item

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

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 America's Health Insurance Plans Occupation Deputy Press Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
864.62

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-28

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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)	PAGE 23 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Crystal Kuntz
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt 12 / 15 / 2015
Transaction ID : 2016010410734-29

Amount of Each Receipt this Period 83.33

Memo Item

B. Crystal Kuntz
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt 12 / 31 / 2015
Transaction ID : 2016010410754-29

Amount of Each Receipt this Period 83.33

Memo Item

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

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 America's Health Insurance Plans Occupation Vice President, Federal Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt 12 / 15 / 2015
Transaction ID : 2016010410734-30

Amount of Each Receipt this Period 83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
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)	PAGE 24 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Courtney Lawrence
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Vice President, Federal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1999.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 2016010410754-30
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Beth Leonard
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Senior Director Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2016010410734-31
 Amount of Each Receipt this Period
 208.33
 Memo Item

C. Beth Leonard
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Senior Director Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 2016010410754-31
 Amount of Each Receipt this Period
 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	499.99
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)	PAGE 25 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Holly Macmoran
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Program Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.92

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-32

Amount of Each Receipt this Period
20.83

Memo Item

B. Holly Macmoran
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Program Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.92

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-32

Amount of Each Receipt this Period
20.83

Memo Item

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

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 America's Health Insurance Plans Occupation Deputy Director, Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
895.80

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-33

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.33

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)	PAGE 26 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Amber Manko
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Deputy Director, Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
895.80

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-33

Amount of Each Receipt this Period
41.67

Memo Item

B. Debi Manning
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Director of Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-34

Amount of Each Receipt this Period
20.00

Memo Item

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

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 America's Health Insurance Plans Occupation Director of Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-34

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.67

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)	PAGE 27 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Anthony Meoni
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Vice President, IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-36

Amount of Each Receipt this Period
10.50

Memo Item

B. Anthony Meoni
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Vice President, IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-36

Amount of Each Receipt this Period
10.50

Memo Item

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

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 America's Health Insurance Plans Occupation Executive Director Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-37

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 41.00

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)	PAGE 28 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Thomas Meyers

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 America's Health Insurance Plans Occupation Executive Director Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-37

Amount of Each Receipt this Period
20.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Julie Miller

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 America's Health Insurance Plans Occupation Senior Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-38

Amount of Each Receipt this Period
62.50

Memo Item

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

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 America's Health Insurance Plans Occupation Senior Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-38

Amount of Each Receipt this Period
62.50

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00

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)	PAGE 29 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Lisa Miller
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Deputy Director, Meeting Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.08

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-39

Amount of Each Receipt this Period
10.42

Memo Item

B. Lisa Miller
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Deputy Director, Meeting Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.08

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-39

Amount of Each Receipt this Period
10.42

Memo Item

C. Martin Mitchell Jr.
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Director Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
549.92

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-40

Amount of Each Receipt this Period
20.83

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 41.67

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)	PAGE 30 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Martin Mitchell Jr.
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Director Product Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 549.92

Date of Receipt 12 / 31 / 2015
Transaction ID : 2016010410754-40
 Amount of Each Receipt this Period 20.83
 Memo Item

B. Jay Perron
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1533.28

Date of Receipt 12 / 15 / 2015
Transaction ID : 2016010410734-41
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Jay Perron
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1533.28

Date of Receipt 12 / 31 / 2015
Transaction ID : 2016010410754-41
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 187.49
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)	PAGE 31 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mark Pratt
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-42

Amount of Each Receipt this Period
125.00

Memo Item

B. Mark Pratt
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-42

Amount of Each Receipt this Period
125.00

Memo Item

c. Ingrid Reeves
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Vice President, Membership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.92

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-43

Amount of Each Receipt this Period
20.83

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	270.83
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)	PAGE 32 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ingrid Reeves
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Vice President, Membership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.92

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-43

Amount of Each Receipt this Period
20.83

Memo Item

B. Lisa Shreve
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Senior Vice President, Professional Pr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.08

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-45

Amount of Each Receipt this Period
41.67

Memo Item

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

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 America's Health Insurance Plans Occupation Senior Vice President, Professional Pr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.08

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-45

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 104.17

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)	PAGE 33 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kristin Stewart Smoot
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Manager, Special Projects
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.92**

Date of Receipt **12 / 15 / 2015**
Transaction ID : 2016010410734-46
 Amount of Each Receipt this Period **20.83**
 Memo Item

B. Kristin Stewart Smoot
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Manager, Special Projects
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.92**

Date of Receipt **12 / 31 / 2015**
Transaction ID : 2016010410754-46
 Amount of Each Receipt this Period **20.83**
 Memo Item

C. Aaron Tucker
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Senior Legislative & Regulatory Anals
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.08**

Date of Receipt **12 / 15 / 2015**
Transaction ID : 2016010410734-47
 Amount of Each Receipt this Period **10.42**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **52.08**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Aaron Tucker
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Senior Legislative & Regulatory Analysts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.08**

Date of Receipt **12 / 31 / 2015**
Transaction ID : 2016010410754-47
 Amount of Each Receipt this Period **10.42**
 Memo Item

B. Mark Van Koeving
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2149.92**

Date of Receipt **12 / 15 / 2015**
Transaction ID : 2016010410734-48
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Mark Van Koeving
 Full Name (Last, First, Middle Initial)
 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 America's Health Insurance Plans Occupation Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2149.92**

Date of Receipt **12 / 31 / 2015**
Transaction ID : 2016010410754-48
 Amount of Each Receipt this Period **83.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	177.08
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kristi Wick
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Digital Media Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
524.92

Date of Receipt
12 / 15 / 2015
Transaction ID : 2016010410734-49

Amount of Each Receipt this Period
20.83

Memo Item

B. Kristi Wick
Full Name (Last, First, Middle Initial)

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 America's Health Insurance Plans Occupation Digital Media Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
524.92

Date of Receipt
12 / 31 / 2015
Transaction ID : 2016010410754-49

Amount of Each Receipt this Period
20.83

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	41.66
TOTAL This Period (last page this line number only).....▶	7828.46

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 40
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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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)
Molina Healthcare, Inc. PAC

Mailing Address 200 Oceangate
Suite 100

City Long Beach State CA Zip Code 90802

FEC ID number of contributing federal political committee. **C** C00430256

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 21 / 2015
Transaction ID : 8E7F9C6F41084D479C85

Amount of Each Receipt this Period
5000.00

Memo Item
2015 contribution

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends of Cheri Bustos

Mailing Address 1050 17th St NW Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Cheryl L. Bustos

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

/ /

Transaction ID : D92B90AF536DB279693

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Dan Kildee

Mailing Address PO Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Daniel Timothy Kildee

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

/ /

Transaction ID : 523764B7D1AD24C2047

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Susan Brooks

Mailing Address 9425 N Meridian St
237

City Indianapolis State IN Zip Code 46260-1308

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Susan W. Brooks

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

/ /

Transaction ID : B19E62ADBE012057BB9

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kathleen Rice for Congress

Mailing Address PO Box 744

City Mineola State NY Zip Code 11501

Purpose of Disbursement
2016 Primary

011

Candidate Name

Kathleen Maura Rice

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 04

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : DBF64F99019CA9595DA

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Martin Heinrich for Senate

Mailing Address PO Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
2018 Primary

011

Candidate Name

Martin Heinrich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : 7FE8C5BA688BC890950

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Martin Heinrich for Senate

Mailing Address PO Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
Voided 3/23/2015 contribution

011

Candidate Name

Martin Heinrich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : F36283281FD34B8BE98

Amount of Each Disbursement this Period

-1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Patrick Joseph Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

12 / 08 / 2015

Transaction ID : 81BFB5AE87447DC0E8A

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Vargas for Congress

Mailing Address 330 Encinitas Blvd

City Encinitas State CA Zip Code 92024-8705

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Juan Carlos Vargas

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

12 / 04 / 2015

Transaction ID : B13B85C2724A35556F3

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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

10500.00