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Image# 201604199012592863

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FURIN 3X   F	or 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 Insura	ance Plans PAC (AHIP PAC)	
ADDRESS (number and street)  Check if different than previously reported. (ACC)	601 Pennsylvania Avenue, NW  South Building, Suite 500  Washington	DC   20004  -
2. FEC IDENTIFICATION NU	IMBER ▼ CITY ▲	STATE ▲ ZIP CODE ▲
C C00106740	3. IS THIS REPORT X (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (Y July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	PRE-Election Report for the:  Convention (12C)  Election on  Convention (12C)	Aug 20 (M8)    Nov 20 (M11)
5. Covering Period 03	01 2016 through 03	31 / 2016
I certify that I have examined the Type or Print Name of Treasure	s Report and to the best of my knowledge and belief it is true.  Marilyn B. Tavenner	ie, correct and complete.
Signature of Treasurer Maril	yn B. Tavenner [Electronically Filed]	Date 04 19 2016
NOTE: Submission of false, errone	eous, or incomplete information may subject the person signing the	nis Report to the penalties of 2 U.S.C. §437g.
Office Use		FEC FORM 3X Rev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: 03 01 2016 To: 03 31 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		63476.79
	(b) Cash on Hand at Beginning of Reporting Period	33747.39	
	(c) Total Receipts (from Line 19)	38077.76	54412.64
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71825.15	117889.43
7.	Total Disbursements (from Line 31)	26500.00	72564.28
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45325.15	45325.15
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

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

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	27246.02	33290.60
(ii) Unitemized	831.74	6122.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	28077.76	39412.64
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	10000.00	15000.00
(such as PACs)	7	13000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	38077.76	54412.64
Totals to Line 33, page 5)	30011.10	3.112.01
Party Committees	0.00	0.00
rary committees	5.55	
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds	7	
(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
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	38077.76	54412.64
. Total Federal Receipts	20077.76	F4410.01
(subtract Line 18(c) from Line 19)▶	38077.76	54412.64

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursemer	nts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Allocated Federal/Non- Activity (from Schedule	Federal		
(i) Federal Share	· ·	0.00	0.00
(ii) Non-Federal Share	e	0.00	0.00
(b) Other Federal Operating	g		
Expenditures(c) Total Operating Expend		0.00	64.28
(add 21(a)(i), (a)(ii), an		0.00	64.28
22. Transfers to Affiliated/Other	· ·	0.00	0.00
Committees		0.00	0.00
Federal Candidates/Commit and Other Political Committee	ees	24000.00	70000.00
4. Independent Expenditures (use Schedule E)		0.00	0.00
<ol> <li>Coordinated Party Expendit (2 U.S.C. §441a(d))</li> </ol>	ures		
(use Schedule F)	<u></u>	0.00	0.00
6. Loan Repayments Made		0.00	0.00
7. Loans Made		0.00	0.00
8. Refunds of Contributions To (a) Individuals/Persons Oth	):		
Than Political Committee	ees	2500.00	2500.00
(b) Political Party Committee	ees	0.00	0.00
(c) Other Political Committ		0.00	0.00
(such as PACs)		0.00	0.00
(d) Total Contribution Refu		2500.00	0500.00
(add Lines 28(a), (b), a	and (c))▶	2300.00	2500.00
29. Other Disbursements		0.00	0.00
0. Federal Election Activity (2	U.S.C. §431(20))		
(a) Allocated Federal Elect	• ,,,		
(from Schedule H6) (i) Federal Share		0.00	0.00
		0.00	0.00
(ii) "Levin" Share (b) Federal Election Activit		0.00	0.00
With Federal Fund	ls	0.00	0.00
(c) Total Federal Election A Lines 30(a)(i), 30(a)(ii)	* '	0.00	0.00
<ol> <li>Total Disbursements (add L 23, 24, 25, 26, 27, 28(d), 2</li> </ol>	1 /	20522.00	70504.00
20, 27, 20, 20, 21, 20(U), 2	and oo(o))	26500.00	72564.28
2. Total Federal Disbursement			
(subtract Line 21(a)(ii) and from Line 31)		26500.00	72564.28

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	38077.76	54412.64
4. Total Contribution Refunds (from Line 28(d))	2500.00	2500.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35577.76	51912.64
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	64.28
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	64.28

FOR LINE NUMBER: PAGE 6 OF 28 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 20160404111054-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 115.38 federal political committee. Memo Item Name of Employer Occupation Vice President Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 25 2016 City State Zip Code Transaction ID: 20160404111040-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 115.38 federal political committee. Memo Item Name of Employer Occupation Americas Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 692.28 Full Name (Last, First, Middle Initial) Tom Amontree Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 03 11 2016 Suite 500, South Building City State Zip Code Transaction ID: 20160404111054-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 192.30 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Business Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) 423.06 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: (check only one) PAGE 7 OF 28 Use separate schedule(s)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and State or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  Tom Amontree  Mailing Address 601 Pennsylvania Avenue N.W  Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify) ▼	State Zip Code DC 20004  C  Occupation  Executive Vice President, Business Aff  Aggregate Year-to-Date   1153.80	Date of Receipt  M M / D D / Y Y Y Y Y  O3 25 2016  Transaction ID : 20160404111040-4  Amount of Each Receipt this Period  192.30  Memo Item
Full Name (Last, First, Middle Initial)  Carmella Bocchino  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For: Primary General Other (specify)	State Zip Code DC 20004  C  Occupation  Executive Vice President, Clinical Aff  Aggregate Year-to-Date ▼  1153.80	Date of Receipt    M
Full Name (Last, First, Middle Initial)  C. Carmella Bocchino  Mailing Address 601 Pennsylvania Avenue N.W  Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	State Zip Code DC 20004  C  Occupation  Executive Vice President, Clinical Aff  Aggregate Year-to-Date ▼  1153.80	Date of Receipt  03 25 2016  Transaction ID : 20160404111040-5  Amount of Each Receipt this Period  192.30  Memo Item
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number of		576.90

FOR LINE NUMBER: PAGE 8 OF 28 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 25 City Zip Code State Transaction ID: 20160404111040-6 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 2016 11 City State Zip Code Transaction ID: 20160404111054-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 461.52 Full Name (Last, First, Middle Initial) c. Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 25 2016 City State Zip Code Transaction ID: 20160404111040-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 192.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	MBER	:	PAGE	9	OF	2	28
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c	12			
		13		14		15	16	. [		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 20160404111054-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 57.69 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 25 2016 City State Zip Code Transaction ID: 20160404111040-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 57.69 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 346,14 Full Name (Last, First, Middle Initial) Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 11 2016 City State Zip Code Transaction ID: 20160404111054-10 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 96.16 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 576.96 Other (specify) 211.54 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 10 OF 28

T	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X   11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma	ly not be sold or used by any peddress of any political committee	rson for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (A	AHIP PAC)	
Δ.	Full Name (Last, First, Middle Initial) Yvonne Chanatry  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For: Primary General Other (specify)	State DC  C Occupation Vice Preside	Zip Code 20004 ent, Marketing and Graphics Year-to-Date ▼	Date of Receipt  03 25 2016  Transaction ID: 20160404111040-10  Amount of Each Receipt this Period  96.16  Memo Item
	Full Name (Last, First, Middle Initial)  Gregory Dean  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary General Other (specify) ▼	State DC  C Occupation Executive D	Zip Code 20004  irector Insurance Education  Year-to-Date ▼  346.14	Date of Receipt  03 11 2016  Transaction ID: 20160404111054-12  Amount of Each Receipt this Period  57.69  Memo Item
<b>-</b>	Full Name (Last, First, Middle Initial)  Gregory Dean  Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary General Other (specify) ▼	State DC  C Occupation Executive D	Zip Code 20004 Director Insurance Education Year-to-Date ▼	Date of Receipt  03 25 2016  Transaction ID: 20160404111040-11  Amount of Each Receipt this Period  57.69  Memo Item
s	UBTOTAL of Receipts This Page (optional)		·····	211.54
Т	OTAL This Period (last page this line number of	nly)		

FOR LINE NUMBER: PAGE 11 28 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 12 OF 28 Use separate schedule(s) (check only one)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Patrick Geraghty  Mailing Address 1800 Yankee Doodle Rd  MS: P34  City Eagan  FEC ID number of contributing federal political committee.  Name of Employer Blue Cross and Blue Shield of Florida  Receipt For:  Primary General Other (specify)	State Zip Code MN 55121-1644  C  Occupation President and CEO  Aggregate Year-to-Date ▼  2500.00	Date of Receipt  03 08 2016  Transaction ID: 1465B0AAD1BC46589EC8  Amount of Each Receipt this Period  2500.00  Memo Item duplicate receipt in error - refunded
Full Name (Last, First, Middle Initial)  Patrick Geraghty  Mailing Address 1800 Yankee Doodle Rd  MS: P34  City  Eagan  FEC ID number of contributing federal political committee.  Name of Employer Blue Cross and Blue Shield of Florida  Receipt For:  Primary  General  Other (specify)	State Zip Code MN 55121-1644  C  Occupation President and CEO  Aggregate Year-to-Date ▼  2500.00	Date of Receipt  03 08 2016  Transaction ID: 74CB1934D5D14B6787B4  Amount of Each Receipt this Period  2500.00  Memo Item
Full Name (Last, First, Middle Initial)  Mark Hamelburg  Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary General Other (specify)	V.  State Zip Code DC 20004  C  Occupation Senior Vice President  Aggregate Year-to-Date ▼  692.28	Date of Receipt  03 11 2016  Transaction ID: 20160404111054-19  Amount of Each Receipt this Period  115.38  Memo Item
SUBTOTAL of Receipts This Page (optional)		5115.38
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 13 OF 28 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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FOR LINE NUMBER: PAGE 14 OF 28 Use separate schedule(s) (check only one)

T	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X   11a
	ly information copied from such Reports and State for commercial purposes, other than using the			
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (A	AHIP PAC)	
Δ.	Full Name (Last, First, Middle Initial) Aryana Khalid  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  AHIP  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial)	State DC  C Occupation Executive V	Zip Code 20004 /ice President Year-to-Date ▼	Date of Receipt  03 11 2016  Transaction ID: 20160404111054-24  Amount of Each Receipt this Period  192.30  Memo Item
3.	Full Name (Last, First, Middle Initial)  Aryana Khalid  Mailing Address 601 Pennsylvania Avenue N.W.  Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  AHIP  Receipt For:  Primary General Other (specify) ▼	State DC C C Occupation Executive V	Zip Code 20004 ice President Year-to-Date ▼	Date of Receipt  M M J 25 2016  Transaction ID: 20160404111040-22  Amount of Each Receipt this Period  192.30  Memo Item
<b>D.</b>	Full Name (Last, First, Middle Initial)  Erik Komendant  Mailing Address 601 Pennsylvania Ave NW Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	State DC  C Occupation Vice Preside Aggregate		Date of Receipt  03 22 2016  Transaction ID: 1367CED87C7848E68B0F  Amount of Each Receipt this Period  1000.00  Memo Item
s	SUBTOTAL of Receipts This Page (optional)		·····	1384.60
Т	OTAL This Period (last page this line number of	nly)		

FOR LINE NUMBER: (check only one) PAGE 15 OF 28 Use separate schedule(s)

TI	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X   11a
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
$\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (A	AHIP PAC)	
	Receipt For:  Primary General  Other (specify) ▼	State DC  C Occupation Deputy Pres	Zip Code 20004 ss Secretary Year-to-Date ▼	Date of Receipt  03 11 2016  Transaction ID: 20160404111054-26  Amount of Each Receipt this Period  46.15  Memo Item
	Full Name (Last, First, Middle Initial)  Clare Krusing  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary General Other (specify)	State DC  C Occupation Deputy Pres		Date of Receipt  03 25 2016  Transaction ID: 20160404111040-24  Amount of Each Receipt this Period  46.15  Memo Item
	Full Name (Last, First, Middle Initial)  Crystal Kuntz  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	State DC  C Occupation Vice President		Date of Receipt  03 11 2016  Transaction ID: 20160404111054-27  Amount of Each Receipt this Period  76.92  Memo Item
s	UBTOTAL of Receipts This Page (optional)		·····	169.22
Т	OTAL This Period (last page this line number or	nly)	<b>)</b>	

FOR LINE NUMBER: (check only one) PAGE 16 OF 28 Use separate schedule(s)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  Crystal Kuntz  Mailing Address 601 Pennsylvania Avenue N.W.  Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	State Zip Code DC 20004  C  Occupation  Vice President  Aggregate Year-to-Date ▼  461.52	Date of Receipt  03 25 2016  Transaction ID: 20160404111040-25  Amount of Each Receipt this Period  76.92  Memo Item
Full Name (Last, First, Middle Initial)  Courtney Lawrence  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	State Zip Code DC 20004  C  Occupation  Vice President, Federal Affairs  Aggregate Year-to-Date ▼  461.52	Date of Receipt  03 11 2016  Transaction ID: 20160404111054-28  Amount of Each Receipt this Period  76.92  Memo Item
Full Name (Last, First, Middle Initial)  Courtney Lawrence  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary General Other (specify)	State Zip Code DC 20004  C  Occupation  Vice President, Federal Affairs  Aggregate Year-to-Date ▼  461.52	Date of Receipt  03 25 2016  Transaction ID : 20160404111040-26  Amount of Each Receipt this Period  76.92  Memo Item
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number or		230.76

	F	FOR LINE NUMBER: PAGE 17 OF 2								28	
Use separate schedule(s)	(c	he	ck only	or	ne)						
for each category of the Detailed Summary Page		×	11a		11b		11c		12		
			13		14		15		16		17

	I Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)	, p	
Americas Health Insurance Pl	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  A. Beth Leonard		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building	N.W.	03 11 2016
City	State Zip Code	Transaction ID : 20160404111054-29
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.30
Name of Employer	Occupation	Memo Item
America's Health Insurance Plans	Senior Director Public Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 5	
Other (specify) ▼	1153.80	
Full Name (Last, First, Middle Initial)  Beth Leonard		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	1.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building	State 7:- 0-4-	03 25 2016
City	State Zip Code	Transaction ID : 20160404111040-27
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	192.30
Name of Employer	Occupation	Memo Item
America's Health Insurance Plans	Senior Director Public Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1153.80	
Full Name (Last, First, Middle Initial)  C. Amber Manko		Date of Receipt
Mailing Address 601 Pennsylvania Avenue I	N.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building	State 7:- Code	03 25 2016
City Washington	State Zip Code DC 20004	Transaction ID : 20160404111040-29  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	Memo Item
America's Health Insurance Plans	Deputy Director, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	230.76	
Other (specify) ▼	230./6	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	423.06
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 18 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	tements may not be sold or used by any pename and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Paul Markovich  Mailing Address 50 Beale St  City San Francisco  FEC ID number of contributing federal political committee.  Name of Employer Blue Shield of California Receipt For:  Primary General Other (specify)	State Zip Code CA 94105-1813  C  Occupation  President & CEO  Aggregate Year-to-Date ▼  5000.00	Date of Receipt  03 29 2016  Transaction ID: A7CA0C4F8AB04CE089E4  Amount of Each Receipt this Period  5000.00  Memo Item
Full Name (Last, First, Middle Initial)  Julie Miller  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For: Primary General Other (specify) ▼	State Zip Code DC 20004  C  Occupation Senior Associate Counsel  Aggregate Year-to-Date ▼  346.14	Date of Receipt    Mark
Full Name (Last, First, Middle Initial)  Julie Miller  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary General Other (specify)	State Zip Code DC 20004  C  Occupation Senior Associate Counsel Aggregate Year-to-Date ▼  346.14	Date of Receipt  03 25 2016  Transaction ID : 20160404111040-34  Amount of Each Receipt this Period  57.69  Memo Item
SUBTOTAL of Receipts This Page (optional)		5115.38

FOR LINE NUMBER: PAGE 19 OF 28 Use separate schedule(s)

ITE	MIZED RECEIPTS		for each category of the Detailed Summary Page	X   11a
	information copied from such Reports and Sta or commercial purposes, other than using the i			
١.	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (A	AHIP PAC)	
A	Full Name (Last, First, Middle Initial)  Jay Perron  Mailing Address 601 Pennsylvania Avenue N.W.  Suite 500, South Building  Dity  Washington  FEC ID number of contributing ederal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	State DC  C Occupation Vice Presid		Date of Receipt  03 11 2016  Transaction ID: 20160404111054-39  Amount of Each Receipt this Period  76.92  Memo Item
B M - C - F f	Full Name (Last, First, Middle Initial)  Jay Perron  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City  Washington  FEC ID number of contributing ederal political committee.  Name of Employer temerica's Health Insurance Plans  Receipt For:  Primary General  Other (specify)	State DC  C Occupation Vice Preside		Date of Receipt  03 25 2016  Transaction ID: 20160404111040-37  Amount of Each Receipt this Period  76.92  Memo Item
C M - F f	Full Name (Last, First, Middle Initial)  Mark Pratt  Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building  City  Washington  FEC ID number of contributing ederal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	State DC  C Occupation Senior Vice		Date of Receipt  03 11 2016  Transaction ID: 20160404111054-40  Amount of Each Receipt this Period  115.39  Memo Item
SU	BTOTAL of Receipts This Page (optional)			269.23
то	TAL This Period (last page this line number of	nly)		

FOR LINE NUMBER: (check only one) PAGE 20 OF 28 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
	nd Statements may not be sold or used by any progression that the same and address of any political committees	
NAME OF COMMITTEE (In Full) Americas Health Insurance F	Plans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  Mark Pratt  Mailing Address 601 Pennsylvania Avenue Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For: Primary General Other (specify)	State Zip Code DC 20004  C  Occupation Senior Vice President  Aggregate Year-to-Date   692.34	Date of Receipt  03 25 2016  Transaction ID: 20160404111040-38  Amount of Each Receipt this Period  115.39  Memo Item
Full Name (Last, First, Middle Initial)  B. Eric Schultz  Mailing Address 93 Worcester St 3W  City  Wellesley Hills  FEC ID number of contributing federal political committee.  Name of Employer  Harvard Pilgrim Health Care  Receipt For:  Primary  General  Other (specify)	State Zip Code MA 02481-3609  C  Occupation President & CEO  Aggregate Year-to-Date ▼  2000.00	Date of Receipt  03 24 2016  Transaction ID: 4816F2F230D142538FC9  Amount of Each Receipt this Period  2000.00  Memo Item
Full Name (Last, First, Middle Initial)  Lisa Shreve  Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary General Other (specify)		Date of Receipt  03
SUBTOTAL of Receipts This Page (optional	l) <b>)</b>	2153.85
TOTAL This Period (last page this line num	nber only)	. [

FOR LINE NUMBER: PAGE 21 28 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Marilyn Tavenner Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 20160404111054-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation President & CEO Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) B. Marilyn Tavenner Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 25 2016 City State Zip Code Transaction ID: 20160404111040-43 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation Americas Health Insurance Plans President & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1153.80 Full Name (Last, First, Middle Initial) c. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 11 2016 City State Zip Code Transaction ID: 20160404111054-47 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 461.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE	22 OF	28
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15	ີ 16      Γ	717

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 25 2016 City Zip Code State Transaction ID: 20160404111040-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation **Executive Director** America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)  $\blacktriangledown$ 461.52 Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City Zip Code State Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation

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

Aggregate Year-to-Date ▼

Receipt For:

C.

Primary

General

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

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

76.92

27246.02

	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 OF 28 (check only one)  11a
or	y information copied from such Reports and Sta for commercial purposes, other than using the in NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	name and a	ddress of any political committee	rson for the purpose of soliciting contributions
A	Full Name (Last, First, Middle Initial)  Cambia Health Solutions Inc. PAC  Mailing Address 200 SW Market  PO Box 1271, MS E12C  City  Portland  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify)	Occupation	Zip Code 97207-1271 0252684 Year-to-Date ▼ 5000.00	Date of Receipt  03 11 2016  Transaction ID: 4CA2B9589C5B4CBD9501  Amount of Each Receipt this Period  5000.00  Memo Item
В.	Full Name (Last, First, Middle Initial)  Health Net, Incorporated Political Act  Mailing Address 455 Capitol Mall, Suite 600  City  Sacramento  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify)	State CA Coc	Zip Code 95814 0230789	Date of Receipt  03 25 2016  Transaction ID: DEBF2297FB9B451388A1  Amount of Each Receipt this Period  5000.00  Memo Item
C.	Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)		Zip Code  Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y  Amount of Each Receipt this Period  Memo Item
SI	JBTOTAL of Receipts This Page (optional)			10000.00
TC	OTAL This Period (last page this line number of	nly)	·····	10000.00

NUMBER: PAGE 24 OF 28 one)
22 X 23 24 25 26 28a 28b 28c 29 36
on for the purpose of soliciting contributions o solicit contributions from such committee.
Solicit Contributions from Such Committees.
Date of Disbursement
M M / D D / Y Y Y Y
03 01 2016
Transaction ID : 86380219C26F61AEEE6
Transaction is : 00000213020101ALLEC
Amount of Each Disbursement this Period
-1000.00
-1000.00
Memo Item
Date of Disbursement
03 15 2016
Transaction ID : 9E7789A5E4F1666B493
Amount of Each Disbursement this Period
1000.00
Memo Item
Date of Disbursement
03 / 15 / 2016
Transaction ID : 1C7621B90507B2FAAE
Amount of Each Disbursement this Period
3000.00
Memo Item
3000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	1 -	FOR LINE NUMBER: PAGE 25 OF 28 check only one)		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30l		
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	•				
Full Name (Last, First, Middle Initial)					
A. Friends of Schumer			Date of Disbursement		
Mailing Address 192 Lexington Avenue Suite 1001			03 08 2016		
,	State Zip Code		Transaction ID : 135D80BC6FBBC4083A6		
New York Purpose of Disbursement	NY 10016		Transaction in . 1330000coi bbc+003A		
2016 General		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	5000.00		
Charles E. Schumer		Туре			
Senate President	nent For: 2016  Primary		Memo Item		
State: NY District:					
Full Name (Last, First, Middle Initial)  B. Georgians for Isakson			Date of Disbursement		
			M = M / D = D / Y = Y = Y		
Mailing Address Post Office Box 250116			03 29 2016		
Atlanta	State Zip Code GA 30325		Transaction ID : D778A35836CB0A8F454		
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	1000.00		
Johnny H. Isakson		Туре	1000.00		
	nent For: 2016 Primary General Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)  C. Kind for Congress Committee			Date of Disbursement		
			M M / D D / Y Y Y		
Mailing Address 205 5th Avenue S Room 428			03 15 2016		
La Crosse	State Zip Code WI 54601		Transaction ID: E60E81D0205D88DEBC		
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Period		
Candidate Name		Category/			
Ronald James Kind		Type	2500.00		
	nent For: 2016  Primary General  Other (specify)		Memo Item		
			9500.00		
SUBTOTAL of Disbursements This Page (optional)		·····•	8500.00		
TOTAL This Period (last page this line number only)		<b>.</b>			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 OF 28			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P	AC (AHIP PAC)				
Full Name (Last, First, Middle Initial)			Data of Diskumanana		
A. Kirk for Senate			Date of Disbursement		
Mailing Address PO Box 2594			03 11 2016		
City S Chicago	tate Zip Code IL 60690		Transaction ID : 311A6C9351B7E07D127		
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Period		
Candidate Name		Category/			
Mark Steven Kirk		Type	1000.00		
Senate President	ent For: 2016 Primary ☐ General Other (specify) ▼		Memo Item		
State: IL District:					
Full Name (Last, First, Middle Initial)  B. Kristi for Congress			Date of Disbursement		
Mailing Address PO Box 852			03 16 2016		
Sioux Falls	tate Zip Code SD 57101		Transaction ID : A0942466AFC8C024146		
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	1500.00		
Kristi Lynn Noem  Office Sought:   House   Disbursem	ent For: 2016	Туре			
Senate X I	Primary General  Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)  C. Kurt Schrader for Congress			Date of Disbursement		
Mailing Address PO Box 3314			03 15 2016		
•	tate Zip Code OR 97045		Transaction ID : 1744CA98B3F2D5573E5		
Purpose of Disbursement 2016 Primary	37040	011	Assessed of Freely Dielegeness and this Decirely		
Candidate Name Kurt Schrader		Category/	Amount of Each Disbursement this Period 2500.00		
Office Sought:    House   Disbursem	ent For: 2016  Primary General  Other (specify)	Туре	Memo Item		
State: OR District: 05					
SUBTOTAL of Disbursements This Page (optional)			5000.00		

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b	one) 22 X 23 24 25 26				
Any information popled from such December 2011		27	28a 28b 28c 29 30b				
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NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	PAC (AHIP PAC)						
Full Name (Last, First, Middle Initial)  A. Luke Messer for Congress			Date of Disbursement				
Mailing Address PO Box 917			03 15 2016				
City	State Zip Code		Transaction ID : 2E843BF7FBE0A01FAE7				
Shelbyville Purpose of Disbursement	IN 46176		Transaction iD . 2E043BF7FBE0A0TFAE7				
2016 Primary		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	2500.00				
Allan Lucas Messer  Office Sought:  House Disburser	nent For: 2016	Туре					
Senate	Primary General  Other (specify) ▼		Memo Item				
Full Name (Last, First, Middle Initial)							
3. The Richard Burr Committee			Date of Disbursement				
Mailing Address Post Office Box 5928			03 07 2016				
•	State Zip Code NC 27113		Transaction ID: 2443AF0AD227ADA49BA				
Purpose of Disbursement	2/110						
2016 General		011	Amount of Each Disbursement this Period				
Candidate Name Richard M. Burr		Category/ Type	5000.00				
Office Sought: House Disbursem	nent For: 2016 Primary	Турс	Memo Item				
Full Name (Last, First, Middle Initial)							
C.			Date of Disbursement				
Mailing Address			M M / D D / Y Y Y Y				
City	State Zip Code						
Purpose of Disbursement			Amount of Each Disbursement this Period				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period				
	nent For: Primary General Other (specify) ▼		Memo Item				
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TOTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3X)	Hoo consusts sales della ( )	I .	FOR LINE NUMBER: PAGE 28 OF 28		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		00	
	Detailed Summary Page	21b 27		23 24 25 26 28b 28c 29 30	
Any information copied from such Reports and Statem	nents may not be sold or us		1 1		
or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
Americas Health Insurance Plans F	PAC (AHIP PAC)				
Full Name (Last, First, Middle Initial)			_		
A. Patrick Geraghty			Date of Disbursement		
Mailing Address 1800 Yankee Doodle Rd			03	10 2016	
MS: P34	7'- 0-4-				
,	State Zip Code MN 55121-1644		Transaction	n ID : 11660AD61C5C5201287	
Purpose of Disbursement	00.20				
Refund of 3/8/2016 contribution		010	Amount of E	ach Disbursement this Period	
Candidate Name		Category/ Type		2500.00	
Office Sought: House Disbursen	nent For:	Турс	Memo Ite	m	
	Primary General				
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
В.			Date of Disb	ursement	
Maillian Address			M = M / D = D / Y = Y = Y		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
			Amount of E	ach Disbursement this Period	
Candidate Name		Category/			
Office Sought: House Disbursen	nent For:	Туре	Memo Iter	m	
	Primary General		Wiemo itei	III	
	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)  C.			Date of Disb	ursement	
			M = M /	D D / Y Y Y Y Y	
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
r dipose of Disbursement			Amount of F	ach Disbursement this Period	
Candidate Name Category/			, another of E	as Siesarssment the Fellou	
Office County   House		Type			
Office Sought: House Disbursen Senate	nent For:  Primary General		Memo Ite	m	
	Other (specify) ▼				
State: District:					
				2500.00	
SUBTOTAL of Disbursements This Page (optional)		······		2500.00	
TOTAL This Period (last page this line number only)				2500.00	