Image# 15951146945 PAGE 1 / 32

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTAL OX	or Other Than An Au	thorized Committee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, to over the lines.	type 12FE4M5	
Americas Health Insura	ance Plans PAC (AF	IIP PAC)		
ADDRESS (number and street)	601 Pennsylvania Avenue,	NW		
Check if different	South Building, Suite 500			
than previously reported. (ACC)	Washington		DC	20004
2. FEC IDENTIFICATION NU	MBER ▼ CI	TY▲	STATE ▲	ZIP CODE ▲
C C00106740		S THIS NEW (N)	OR AM	ENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:			20 (M8) Nov 20 (M11) (Non-Election year Only) 20 (M9) Dec 20 (M12) (Non-Election
_	★ Apr	20 (M4) Jul 2	20 (M7) Oct 2	Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q	1) (c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (Q2	PRF-Election	Convention (12C	H	
October 15 Quarterly Report (Q3	·			
January 31 Year-End Report (YE	E) Electi	on on	D / Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (3	OR) Special (30S)
Termination Report (TER)	Electi	on on	D / Y Y Y Y	in the State of
5. Covering Period 03	01 2015	through	03 31	2015
I certify that I have examined this	s Report and to the best o	f my knowledge and belie	ef it is true, correct and	complete.
Type or Print Name of Treasurer	Charles W. Stellar			
Signature of Treasurer Charle	es W. Stellar	[Electronically File	ed] Date 04	/ 15 / Y Y Y Y Y Y 2015
NOTE: Submission of false, errone	ous, or incomplete information	on may subject the person	signing this Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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 2015 To: 03 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		47941.84
	(b) Cash on Hand at Beginning of Reporting Period	58221.31	
	(c) Total Receipts (from Line 19)	45185.56	82081.68
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	103406.87	130023.52
7.	Total Disbursements (from Line 31)	46531.66	73148.31
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	56875.21	56875.21
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

I. Receipts	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)	19243.74	36309.31
(ii) Unitemized	941.82	5772.37
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	20185.56	42081.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	25000.00	40000.00
(such as PACs)	25000.00	4000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		20224.22
Totals to Line 33, page 5)▶	45185.56	82081.68
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7	5.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
	0.00	0.00
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	
(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))▶	45185.56	82081.68
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	45185.56	82081.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Ope	erating Expenditures: Allocated Federal/Non-Federal	Total Tille I ciled	Odiendai Teal-to-Date
(a)	Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating		
` '	Expenditures	31.66	148.31
(c)	Total Operating Expenditures	24.00	140.24
Tron	(add 21(a)(i), (a)(ii), and (b))▶ nsfers to Affiliated/Other Party	31.66	148.31
	nmittees	0.00	0.00
Con	tributions to eral Candidates/Committees		
and	Other Political Committees	41500.00	68000.00
	ependent Expenditures	0.00	0.00
. Coo	e Schedule E) ordinated Party Expenditures	0.00	0.00
(2 L (use	J.S.C. §441a(d)) Schedule F)	0.00	0.00
,	,		
Loa	n Repayments Made	0.00	0.00
Loa	ns Made	0.00	0.00
Refu	unds of Contributions To:	7 7 7	
(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
			0.00
(b)	Political Party Committees Other Political Committees	0.00	0.00
(c)	(such as PACs)	5000.00	5000.00
(d)	Total Contribution Refunds	5000.00	5000.00
	(add Lines 28(a), (b), and (c))▶		0000.00
Othe	er Disbursements	0.00	0.00
	eral Election Activity (2 U.S.C. §431(20))		
(a)	Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
		200	0.00
/I= \	(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
Tota	al Disbursements (add Lines 21(c), 22,		
	24, 25, 26, 27, 28(d), 29 and 30(c))	46531.66	73148.31
-,			73.10.01
	al Federal Disbursements		
	otract Line 21(a)(ii) and Line 30(a)(ii)	48524 66	73148.31
iron	n Line 31)▶	46531.66	73140.31

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)	45185.56	82081.68
4. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40185.56	77081.68
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	31.66	148.31
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	31.66	148.31

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

ı	FOR LINE NUMBER:			PAGE	-	6	OF	32		
ı	(check only one)									
	×	11a	11b		11c		12			
l		13	14		15		16		17	

	he name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
Americas Health Insurance Pla	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) 1. Jeremy Allen		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	I.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building	Ctoto 7'- 0 '	03 13 2015
City Washington	State Zip Code DC 20004	Transaction ID: 2015040914730-3
Washington	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	1
Americas Health Insurance Plans	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	775.00	
Full Name (Last, First, Middle Initial) 3. Jeremy Allen		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	1.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building		03 31 2015
City Washington	State Zip Code DC 20004	Transaction ID: 2015040914740-3
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	7
Americas Health Insurance Plans	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	775.00	
Full Name (Last, First, Middle Initial) Tom Amontree		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building	J.W.	03 13 _ 2015 _
City	State Zip Code	Transaction ID : 2015040914730-4
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer	Occupation	-
America's Health Insurance Plans	Executive Vice President, Business Aff	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	1249.98	
SUBTOTAL of Receipts This Page (optional)		458.33
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 7 OF 32

TEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one)
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma	ay not be sold or used by any peddress of any political committee	erson for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (A	AHIP PAC)	
Α.	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 DC C Occupation Executive V	Zip Code 20004 Zice President, Business Aff Year-to-Date ▼ 1249.98	Date of Receipt 03 31 2015 Transaction ID: 2015040914740-4 Amount of Each Receipt this Period 208.33
	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 DC C Occupation Executive V	Zip Code 20004 ice President, Clinical Aff Year-to-Date ▼	Date of Receipt M M J 2015 Transaction ID: 2015040914730-5 Amount of Each Receipt this Period 208.33
	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 DC C Occupation Executive V	Zip Code 20004 /ice President, Clinical Aff Year-to-Date ▼ 1249.98	Date of Receipt M M M / 31 2015 Transaction ID: 2015040914740-5 Amount of Each Receipt this Period 208.33
s	UBTOTAL of Receipts This Page (optional)			624.99
T	OTAL This Period (last page this line number o	nly)		

FOR LINE NUMBER: PAGE 8 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015040914730-6 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 325.02 Other (specify) Full Name (Last, First, Middle Initial) B. Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 31 2015 City State Zip Code Transaction ID: 2015040914740-6 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 325.02 Other (specify) Full Name (Last, First, Middle Initial) c. Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 13 2015 City State Zip Code Transaction ID: 2015040914730-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 499 98 Other (specify) 166.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 31 City Zip Code State Transaction ID: 2015040914740-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 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 13 2015 City State Zip Code Transaction ID: 2015040914730-8 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 475.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 31 2015 City State Zip Code Transaction ID: 2015040914740-8 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 475.00 Other (specify) 208.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 10 OF 32 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stor for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (A	AHIP PAC)	
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 M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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 ▼ 625.02	Date of Receipt 03 31 2015 Transaction ID: 2015040914740-9 Amount of Each Receipt this Period 104.17
Full Name (Last, First, Middle Initial) Gregory Dean 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)	State DC C Occupation Executive D	Zip Code 20004 birector Insurance Education Year-to-Date ▼ 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			270.84
TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 11 32 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 31 City Zip Code State Transaction ID: 2015040914740-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 13 2015 City State Zip Code Transaction ID: 2015040914730-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.98 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 31 2015 City State Zip Code Transaction ID: 2015040914740-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.98 Other (specify) 479.16 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF 32 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015040914730-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.98 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 31 2015 City State Zip Code Transaction ID: 2015040914740-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.98 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 03 13 2015 Suite 500, South Building City State Zip Code Transaction ID: 2015040914730-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.02 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pl	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Paul Eiting Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington	N.W. State Zip Code DC 20004	Date of Receipt M = M
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Deputy Director Aggregate Year-to-Date ▼ 300.02	Amount of Each Receipt this Period 41.67
Full Name (Last, First, Middle Initial) Matthew Eyles Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 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 20004-2601 C Occupation Executive Director, Policy & Regulator Aggregate Year-to-Date ▼ 725.00	Date of Receipt 03 13 2015 Transaction ID: 36308288B9364578B8F1 Amount of Each Receipt this Period 475.00 March Contribution 1/10
Full Name (Last, First, Middle Initial) Candy Gallaher 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)	N.W. State Zip Code DC 20004 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 250.02	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	558.34
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 31 City Zip Code State Transaction ID: 2015040914740-18 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Cynthia Goff Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 13 2015 City State Zip Code Transaction ID: 2015040914730-20 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation BlueCross and BlueShield of Minnesota **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) c. Cynthia Goff Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 31 2015 City State Zip Code Transaction ID: 2015040914740-20 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation BlueCross and BlueShield of Minnesota **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 499 98 Other (specify) 208.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 15 OF 32 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Daniel Hilferty Mailing Address 200 Stevens Dr City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Independence BlueCross Receipt For: Primary General Other (specify)	State Zip Code PA 19113-1522 C Occupation President and CEO Aggregate Year-to-Date ▼ 5000.00	Date of Receipt 03 10 2015 Transaction ID: 5ABC8B25960B43CAB340 Amount of Each Receipt this Period 5000.00 Annual Contribution
Full Name (Last, First, Middle Initial) David Holmberg Mailing Address 22314 Viajes City San Antonio FEC ID number of contributing federal political committee. Name of Employer Highmark Receipt For: Primary General Other (specify)	State Zip Code TX 78261-2867 C Occupation CEO Aggregate Year-to-Date ▼	Date of Receipt 03 19 2015 Transaction ID: 32F331FE4A944E14862D Amount of Each Receipt this Period 2000.00 Annual Contribution
Full Name (Last, First, Middle Initial) Burt Hudson Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Deputy Director, Client Learning Servi Aggregate Year-to-Date ▼ 250.02	Date of Receipt 03 13 2015 Transaction ID: 2015040914730-23 Amount of Each Receipt this Period 41.67
SUBTOTAL of Receipts This Page (optional)		7041.67
TOTAL This Period (last page this line number	only)	

	FOF	R LINE	NU	MBER	:	PAGE	•	16 OI	F	32
Use separate schedule(s)	(che	eck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		717

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any personal part and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Burt Hudson Mailing Address 601 Pennsylvania Avenue N.V	N.	Date of Receipt
Suite 500, South Building		03 31 2015
City	State Zip Code	Transaction ID : 2015040914740-24
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
America's Health Insurance Plans	Deputy Director, Client Learning Servi	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial) 3. Crystal Kuntz		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V. Suite 500, South Building		03 13 2015
City Washington	State Zip Code DC 20004	Transaction ID : 2015040914730-28 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20004	83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
Full Name (Last, First, Middle Initial) Crystal Kuntz		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building		03 31 2015
City Washington	State Zip Code DC 20004	Transaction ID : 2015040914740-29
FEC ID number of contributing federal political committee.	C 2004	Amount of Each Receipt this Period 83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	499.98	
SUBTOTAL of Receipts This Page (optional)	•	208.33
TOTAL This Period (last page this line number	only)	

	FOF	R LINE	NU	IMBER	:	PAGE	•	17 O	F	32
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		17

	d Statements may not be sold or used by any per the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance P	lans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Courtney Lawrence Mailing Address 601 Pennsylvania Avenue	N.W.	Date of Receipt
Suite 500, South Building		03 13 2015
City	State Zip Code	Transaction ID : 2015040914730-29
Washington	DC 20004	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	1
America's Health Insurance Plans	Vice President, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	499.98	
Full Name (Last, First, Middle Initial) 3. Courtney Lawrence		Date of Receipt
Mailing Address 601 Pennsylvania Avenue	N.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building	Olate Zin Onda	03 31 2015
City	State Zip Code DC 20004	Transaction ID : 2015040914740-30
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	1
America's Health Insurance Plans	Vice President, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	499.98	
Full Name (Last, First, Middle Initial) D. Beth Leonard		Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building		03 13 2015
City	State Zip Code DC 20004	Transaction ID : 2015040914730-30
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer	Occupation	1
America's Health Insurance Plans	Senior Director Public Affairs	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	1249.98	
SUBTOTAL of Receipts This Page (optional)	>	374.99
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 18 OF 32 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 31 City Zip Code State Transaction ID: 2015040914740-31 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation Senior Director Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.98 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Markovich Date of Receipt Mailing Address 50 Beale St 03 02 2015 City State Zip Code Transaction ID: BEC996B823CF4CD9B25F CA San Francisco 94105-1813 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. Annual Contribution Name of Employer Occupation Blue Shield of California President & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 03 13 2015 Suite 500, South Building City State Zip Code Transaction ID: 2015040914730-39 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 2270.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 19 OF 32 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) Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 31 City Zip Code State Transaction ID: 2015040914740-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Susan Pisano Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 13 2015 City State Zip Code Transaction ID: 2015040914730-43 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 134.39 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Strategic Communication Receipt For: Aggregate Year-to-Date ▼ Primary General 906.34 Other (specify) Full Name (Last, First, Middle Initial) c. Susan Pisano Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 03 31 2015 Suite 500, South Building City State Zip Code Transaction ID: 2015040914740-44 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 134.39 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Strategic Communication Receipt For: Aggregate Year-to-Date ▼ Primary General 906.34 Other (specify) 331.28 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER: PAGE 20 O	F						
Use separate schedule(s)	(check only one)							
for each category of the Detailed Summary Page	X 11a 11b 11c 12							
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	and Statements may not be sold or used by any pers g the name and address of any political committee t					
NAME OF COMMITTEE (In Full)						
Americas Health Insurance	Plans PAC (AHIP PAC)					
Full Name (Last, First, Middle Initial) Lawrence Platt	Date of Receipt					
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building		03 13 2015				
City	State Zip Code	Transaction ID : 2015040914730-44				
Washington	DC 20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	83.33				
Name of Employer	Occupation	-				
America's Health Insurance Plans	Director					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	499.98					
Full Name (Last, First, Middle Initial) Lawrence Platt		Date of Receipt				
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building		03 31 _ 2015 _				
City	State Zip Code	Transaction ID : 2015040914740-45				
Washington	DC 20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	83.33				
Name of Employer America's Health Insurance Plans	Occupation Director					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98					
Full Name (Last, First, Middle Initial) C. Glenn Pomerantz	·	Date of Receipt				
Mailing Address 56 Twin Oak Rd		03 13 _ 2015 _				
City	State Zip Code	Transaction ID : A68D4527F0F041DC9BED				
Short Hills	NJ 07078-2259	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	2500.00				
Name of Employer	Occupation	Annual Contribution - Horizon BCBSNJ				
Horizon Blue Cross Blue Shield of New	Chief Medical Officer					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	2500.00					
SUBTOTAL of Receipts This Page (optional	al)	2666.66				
TOTAL This Period (last page this line num	nber only)					
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	FOR LINE	NUMBER:	PAGI	E 21 O)⊢ 3
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
_ common common, cage	13	14	15	16	1

or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	the name and address of any political committee	
Americas Health Insurance Pla	ans PAC (AHIP PAC) ————————————————————————————————————	
Full Name (Last, First, Middle Initial) A. Mark Pratt		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building	N.W.	03 13 2015
City	State Zip Code	Transaction ID : 2015040914730-45
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer	Occupation	7
America's Health Insurance Plans	Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Mark Pratt		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N	1.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building City	State Zip Code	03 31 2015
Uity Washington	DC 20004	Transaction ID : 2015040914740-46
	2000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
America's Health Insurance Plans	Senior Vice President	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) 2. James Roosevelt Jr.	1	Date of Receipt
Mailing Address 705 Mount Auburn St		03 19 2015
City	State Zip Code	Transaction ID: 8FB8059FFE5B4F52AA0E
Watertown	MA 02472-1508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer	Occupation	Annual Contribution
Tufts Health Plan	President and CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)		2250.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 22 OF 32 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015040914730-47 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Professional Pr Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 31 2015 City State Zip Code Transaction ID: 2015040914740-48 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Professional Pr Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 03 13 2015 Suite 500, South Building City State Zip Code Transaction ID: 2015040914730-48 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.98 Other (specify) 291.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FO	R LINE	NU	IMBER	:	PAGE	2	23 OF	32
Use separate schedule(s)	(che	eck only	or or	ne)					
for each category of the Detailed Summary Page		11a		11b		11c		12	
		13		14		15		16	17

32

	d Statements may not be sold or used by any per the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance P	lans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Charles Stellar Mailing Address 601 Pennsylvania Avenue	N.W.	Date of Receipt
Suite 500, South Building		03 31 2015
City	State Zip Code	Transaction ID : 2015040914740-49
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer	Occupation	1
America's Health Insurance Plans	Executive V.P.	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1249.98	
Full Name (Last, First, Middle Initial) Mark Van Koevering	1	Date of Receipt
Mailing Address 601 Pennsylvania Avenue	N.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building	State Zin Code	03 13 2015
City	State Zip Code DC 20004	Transaction ID: 2015040914730-51
Washington	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	1
America's Health Insurance Plans	Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	499.98	
Full Name (Last, First, Middle Initial) C. Mark Van Koevering		Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building		03 31 2015
City Washington	State Zip Code DC 20004	Transaction ID : 2015040914740-52
	20007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	1
America's Health Insurance Plans	Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	400.00	
Other (specify) ▼	499.98	
SUBTOTAL of Receipts This Page (optional)	<u></u>	374.99
TOTAL This Period (last page this line numb	per only)	19243.74

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 24 OF 32			
TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)			
	Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17			
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		rson for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	AC (AHIP PAC)				
Full Name (Last, First, Middle Initial) Aflac Political Action Committee (AFLAC Parallel Address Address Action Committee)	AC)	Date of Receipt			
Mailing Address 1932 Wynnton Road		03 30 2015			
City Str Columbus G		Transaction ID: 393A9DACD51E4E37879D			
FEC ID number of contributing federal political committee.	C00034157	Amount of Each Receipt this Period 5000.00			
	upation	Annual Contribution			
Receipt For: Primary General Other (specify) ▼	regate Year-to-Date ▼ 5000.00				
Full Name (Last, First, Middle Initial) 3. Cambia Health Solutions Inc. PAC		Date of Receipt			
Mailing Address 200 SW Market St PO Box 1271/MS E12C		03 17 2015			
City Sta	<u>'</u>	Transaction ID: 5A673CAB7205481ABE64 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C00252684	5000.00			
Name of Employer Occu	upation	Deposit in Error - Refund on 3/31/2015			
Receipt For: Primary General Other (specify) ▼	regate Year-to-Date ▼ 10000.00				
Full Name (Last, First, Middle Initial) C. Cambia Health Solutions Inc. PAC		Date of Receipt			
Mailing Address 200 SW Market St PO Box 1271/MS E12C		03 23 2015			
City Sta Portland O		Transaction ID: 8FD10C21177C4C41B335 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C00252684	5000.00			
Name of Employer Occu	upation	Annual Contribution - 03/20/2015			
Receipt For: Aggi	regate Year-to-Date ▼				
Other (specify) ▼	10000.00				
SUBTOTAL of Receipts This Page (optional)		15000.00			

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	FOR LINE NUMBER: PAGE 25 OF 32 (check only one)				
Δ	av information copied from such Deports and Cl	totomonto :	Detailed Summary Page	13 14 15 16 17				
	ly information copied from such Reports and St for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)					
Α.	Full Name (Last, First, Middle Initial) Health Care Service Corporation Emp	loyees' Po	litical Action Committee	Date of Receipt				
	Mailing Address 300 E. Randolph			M = M / D = D / Y = Y = Y				
	Legal Department City	State	Zip Code	03 23 2015 Transaction ID : 01C33B0122C64F3B8257				
	Chicago	IL	60601	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C co	0199711	5000.00				
	Name of Employer	Occupation	1	Annual Contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00					
— В.	Full Name (Last, First, Middle Initial) Humana Inc. Political Action Commit	ttee		Date of Receipt				
	Mailing Address 975 F Street, NW Suite 550			03				
	City	State	Zip Code	Transaction ID: 9234DEFBBCBD4DD08114				
	Washington	DC	20004	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C cod	0271007	5000.00				
	Name of Employer	Occupation	1	Annual Contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00]				
_	Full Name (Last, First, Middle Initial)							
C.	Mailing Address			Date of Receipt				
	City	State	Zip Code	M = M / D = D / Y = Y = Y				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
	Name of Employer	Occupation	1					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼					
s	UBTOTAL of Receipts This Page (optional))	10000.00				

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

25000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 26 OI	F 32
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	27	28a 28b 28c 29	30
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
Americas Health Insurance Plans	PAC (AHIP PAC)			
Full Name (Last, First, Middle Initial)			D. (D.)	
Ami Bera for Congress			Date of Disbursement	Υ
Mailing Address PO Box 582496			03 17 2015	
City	State Zip Code		Transaction ID : 7A96963A18454F4	3360
Elk Grove	CA 95758		11a113action 10 : 1A30303A104341 4	.5505
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Pe	eriod
Candidate Name		Category/	1000	00
Ameriash B. Bera		Туре	1000.0	00
Office Sought: House Disburser	ment For: 2016 Primary General Other (specify)			
State: CA District: 07				
Full Name (Last, First, Middle Initial)				
B. Blue Dog Political Action Committee	ee		Date of Disbursement	Y
Mailing Address PO Box 83142			03 17 2015	
•	State Zip Code		Transaction ID : 601CE0D8369EF99	9RFR
Gaithersburg	MD 20883			J
Purpose of Disbursement 2015 Contribution		011	Amount of Each Disbursement this Pe	eriod
Candidate Name		Category/	5000.	00
Blue Dog Political Action Committee		Туре		00
Senate President	ment For: 2015 Primary General Other (specify)			
State: District:	Contributio	n		
Full Name (Last, First, Middle Initial) C. Chuck Fleischmann for Congress (Committee, Inc.		Date of Disbursement	
Mailing Address PO Box 11091			03 03 7 2015	Y
City	State Zip Code			
Chattanooga Purpose of Disbursement	TN 37401		Transaction ID: 4F863624E903252	EF33
2016 Primary		011	Amount of Each Disbursement this Pe	eriod
Candidate Name		Category/	2500.0	00
Charles J. Fleischmann		Туре	2000.	
Senate President	ment For: 2016 Primary General Other (specify)			
State: TN District: 03				
SUBTOTAL of Disbursements This Page (optional)			8500.0	00
TOTAL This Davied (last range this line county)	N			
TOTAL This Period (last page this line number only))			

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 27 OF 32
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	•	_
	Detailed Summary Page	21b	22 🗙 23	24 25 26
		27	28a 28b	28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
	e and address of any point	car committee to	SOIICIT CONTRIBUTIONS IT	on such committee.
NAME OF COMMITTEE (In Full)				
Americas Health Insurance Plans F	AC (AMIP PAC)			
Full Name (Last, First, Middle Initial)				
A. Committee for Hispanic Causes/Building Our Leader	ship Diversity PAC (CHC BO	DLD PAC)	Date of Disburseme	ent
			M M / D D	/
Mailing Address PO Box 70980			03 23	2015
City	State Zip Code			
	DC 20024		Transaction ID: 1	6DB260C3E2418EB0E2
Purpose of Disbursement				
2015 Contribution		011	Amount of Each Dis	sbursement this Period
Candidate Name	DAO (OUO DOI D DAO)	Category/		2500.00
Committee for Hispanic Causes/Building Our Leadership Diversity	,	Type		2500.00
	nent For: 2015			
	Primary General			
State: District:	Other (specify) ▼ Contribution			
Full Name (Last, First, Middle Initial)	Continuation			
B. Friends of Mark Warner			Date of Disburseme	ent
- Thenas of Wark Warrer			M = M / D = D	/
Mailing Address 201 North Union Street			03 10	2015
Suite 300				
	State Zip Code		Transaction ID: 9	342DC1B1286B0FD692
Alexandria Purpose of Disbursement	VA 22314			
2020 Primary		011	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		
Mark Robert Warner		Type		5000.00
Office Sought: House Disbursem	nent For: 2020			
	Primary General			
	Other (specify) ▼			
State: VA District:				
Full Name (Last, First, Middle Initial)			Date of Disburseme	ant
C. Friends of Patrick Murphy			M M / D D	/
Mailing Address 4521 Pga Blvd #412			03 23	2015
,	State Zip Code		Transaction ID : E	E88731A9E8D2EF864D5
Palm Beach Gardens Purpose of Disbursement	FL 33418			
2016 Primary		011	Amount of Each Die	sbursement this Period
Candidate Name		Category/	Amount of Lacif Dis	spursement this renou
Patrick E. Murphy		Type		2500.00
Office Sought: House Disbursem	nent For: 2016		,	,
	Primary General			
	Other (specify) ▼			
State: FL District:				
CURTOTAL of Dishurasments This Base (anticare)				10000.00
SUBTOTAL of Disbursements This Page (optional)		······		
TOTAL This Period (last page this line number only).				

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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 28 OF 32
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	e(s) (check only one)		
	Detailed Summary Page	21b	22 X 23	24 25 26
[27	28a 28b	28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the national commercial purposes.				
NAME OF COMMITTEE (In Full)				
Americas Health Insurance Plans	PAC (AHIP PAC)			
Full Name (Last, First, Middle Initial)				
A. Johnson for Congress			Date of Disburseme	nt
Mailing Address PO Box 14496			03 03	2015
City	State Zip Code		Transaction ID : C	3842C6B6D6262CD381
Poland	OH 44514		Transaction is . C	004200000000000
Purpose of Disbursement 2016 Primary		011	Amount of Each Dis	bursement this Period
Candidate Name		Category/		1000.00
William L. Johnson		Туре		1000.00
Office Sought: House Disburse Senate President	ment For: 2016 Primary General Other (specify)			
State: OH District: 06				
Full Name (Last, First, Middle Initial)				
B. Kyrsten Sinema for Congress			Date of Disburseme	nt
Mailing Address PO Box 25879			03 23	2015
Tempe	State Zip Code AZ 85285		Transaction ID : E	A93C3BBE23B40CA441
Purpose of Disbursement 2016 Primary		011	Amount of Each Dis	bursement this Period
Candidate Name		Category/		5000.00
Kyrsten Sinema		Type		5000.00
	ment For: 2016 ☐ Primary ☐ General Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Kyrsten Sinema for Congress			Date of Disburseme	
Mailing Address PO Box 25879			03 / 23	2015
City Tempe	State Zip Code AZ 85285		Transaction ID: 0	03EABCD6F7A1F56B31
Purpose of Disbursement	7.2 00200			
Voided 02/17/2015 contribution		011	Amount of Each Dis	bursement this Period
Candidate Name		Category/		-5000.00
Kyrsten Sinema		Туре		-5000.00
Senate President	ment For: 2016 Primary General Other (specify)			
State: AZ District: 09				
SUBTOTAL of Disbursements This Page (optional).		·····•		1000.00
TOTAL This Period (last page this line number only)	·····•		

SC	HEDULE B (FEC Form 3X)		FOR LIN	JE NIJMBER: PAGE 29 OF 32	
	MIZED DISPLIPSEMENTS Use separate s		(check o	THOMBETT:	
II LIVIIZED DISDURSENILIVIS		for each category of the Detailed Summary Page	1 7 21		
		Dotailed Guillillary Lage	27	7 28a 28b 28c 29 3	
	information copied from such Reports and Staten				
	or commercial purposes, other than using the name	ne and address of any poli	tical committee	to solicit contributions from such committee.	
l \	NAME OF COMMITTEE (In Full)				
	Americas Health Insurance Plans F	PAC (AHIP PAC)			
<u> </u>	Full Name (Last, First, Middle Initial)				
A.	Luke Messer for Congress		Date of Disbursement		
-				M M / D D / Y Y Y Y	
ı	Mailing Address PO Box 917			03 16 2015	
	City	State Zip Code			
	Shelbyville	IN 46176		Transaction ID : 118CCB45A5C581A612	
Ì	Purpose of Disbursement				
	2016 Primary		011	Amount of Each Disbursement this Period	
	Candidate Name Allan Lucas Messer		Category/	1000.00	
		ment For: 2016	Type		
		Primary General			
	President	Other (specify) ▼			
	State: IN District: 06				
_	Full Name (Last, First, Middle Initial)				
В.	Martin Heinrich for Senate			Date of Disbursement	
i	Mailing Address PO Box 25763			03 23 2015	
	Vialing Addiess FO Box 25765			25 2515	
(City	State Zip Code		Transaction ID: 7E72BCF4185FF807624	
	Albuquerque Purpose of Disbursement	NM 87125		- Transaction is . 7272801 41001 1 007024	
	2018 Primary		011	Amount of Each Disbursement this Period	
(Candidate Name			Authority of East Blood Bolling time 1 cited	
	Martin Heinrich		Category/ Type	1000.00	
(Office Sought: House Disbursen	ment For: 2018			
		Primary General			
	President	Other (specify) ▼			
	State: NM District: Full Name (Last, First, Middle Initial)				
	New Democrat Coalition PAC			Date of Disbursement	
	New Democrat Coamon AC			M M / D D / Y Y Y Y	
Ī	Mailing Address 700 13th Street, NW			03 17 2015	
-	Suite 600	<u>→</u>			
	,	State Zip Code DC 20005		Transaction ID: 029743F47B309C954F0	
	Purpose of Disbursement	20000			
	2015 Contribution		011	Amount of Each Disbursement this Period	
(Candidate Name		Category/	5000.00	
	New Democrat Coalition PAC		Туре	3000.00	
(Office Sought: House Disburser Senate	nent For: 2015 Primary General			
		Other (specify) ▼			
;	State: District:	Contributio	n		
	-				
sı	JBTOTAL of Disbursements This Page (optional)		·····	7000.00	
TC	OTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)	Han agreement of the	FOR LINE	NUMBER:	PAGE 30 OF 32
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	(oncor only	(check only one)	
	Detailed Summary Pag		22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and State	ments may not be sold or			
or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
angle Americas Health Insurance Plans	PAC (AHIP PAC)			
Full Name (Last, First, Middle Initial)				
A. ORRINPAC			Date of Disburseme	nt
			M M / D D	/ Y Y Y Y
Mailing Address PO Box 3986			03 10	2015
City	State Zip Code			
City Washington	DC 20027		Transaction ID : F	992C0DCB4B6E6C841A
Purpose of Disbursement				
2015 Contribution		011	Amount of Each Dis	bursement this Period
Candidate Name		Category/		5000.00
ORRINPAC Office Sought: House Disburse	ment For: 2015	Туре		300000
Senate Dispurse	Primary Genera	1		
President	Other (specify)	-		
State: District:	Contributi	ion		
Full Name (Last, First, Middle Initial)				
B. Richmond for Congress			Date of Disburseme	nt
Mailing Address 4004 Floring Fill			M M / D D	/ Y Y Y Y Y
Mailing Address 1631 Elysian Fields Suite 150			03 03	2015
	State Zip Code		Transaction ID - 0	4C9B73E6A4B1EA2C9E
New Orleans	LA 70126		Transaction ID: 0	403D13E0A4D1EA2C9I
Purpose of Disbursement 2016 Primary		011	Amount of Each Dia	bursement this Period
Candidate Name			AMOUNT OF EACH DIS	bursement this Peniod
Cedric Levon Richmond		Category/ Type		2500.00
	ment For: 2016	71 71 -		
	Primary General	I		
President	Other (specify) ▼			
State: LA District: 02				
Full Name (Last, First, Middle Initial) C. The Eye of the Tiger Political Action	on Committee		Date of Disburseme	nt
The Lye of the Tiger Follical Action	ni Committee		M M / D D	/ Y Y Y Y
Mailing Address PO Box 2485			03 03	2015
Oit.	01-1-			
City Springfield	State Zip Code VA 22152-0485		Transaction ID: 1	2235F3E6E6EAAA5C58
Purpose of Disbursement	22102 0400			
2015 Contribution		011	Amount of Each Dis	bursement this Period
Candidate Name		Category/		5000.00
The Eye of the Tiger Political Action		Туре		3000.00
Office Sought: House Disburse Senate	ment For: 2015 Primary Genera	1		
President	Other (specify)			
State: District:	Contributi	ion		
SUBTOTAL of Disbursements This Page (optional)		·····		12500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 31 OF 32	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check of		ck only one)	
	for each category of the Detailed Summary Page	21b	22 🗶 23 🔲 24 🔲 25 🔲 26	
		27	28a 28b 28c 29 30b	
Any information copied from such Reports and Staten				
or for commercial purposes, other than using the name	le and address of any politica	ai committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
Americas Health Insurance Plans F	AC (ADIP PAC)			
Full Name (Last, First, Middle Initial)				
A. The Richard Burr Committee			Date of Disbursement	
Mailing Address Post Office Box 5928			03 13 2015	
Maining Address Fost Office Box 3920			03 13 2013	
City	State Zip Code		Transaction ID : A5B25874261FA2EA04B	
Winston-Salem Purpose of Disbursement	NC 27113		Transaction id . ASB2307420TFA2EA04B	
2016 Primary		011	Amount of Each Disbursement this Period	
Candidate Name		Category/		
Richard M. Burr		Type	2500.00	
	nent For: 2016			
Senate President	Primary General Other (specify)			
State: NC District:	Other (Specify)			
Full Name (Last, First, Middle Initial)				
B.			Date of Disbursement	
Mailing Address			M = M / D = D / Y = Y = Y	
Mailing Address				
City	State Zip Code			
Purpose of Dishursement	1			
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name		Category/		
		Type		
Office Sought: House Disbursen				
	Primary General Other (specify) ▼			
State: District:	Canon (openiny)			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
Mailing Address			M M / D D / Y Y Y Y	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
			Amount of Each Disbursement this Period	
Candidate Name		Category/	S. Zasii Sissarssinoni inis i ondu	
0.0		Type		
Office Sought: House Disbursen Senate				
	Primary General Other (specify) ▼			
State: District:	- \-r 			
SUBTOTAL of Disbursements This Page (optional)			2500.00	
TOTAL This Pariod (last page this line number and)			41500.00	
TOTAL This Period (last page this line number only)				

CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS			NUMBER: PAGE 32 OF 32	
	Use separate schedule(s		NOMBER.	
	for each category of the Detailed Summary Page			
	Detailed Summary Fage	27	28a 28b X 28c 29 30	
ny information copied from such Reports and State				
r for commercial purposes, other than using the nar	me and address of any polit	tical 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)				
· Cambia Health Solutions Inc. PAC			Date of Disbursement	
Mailing Address 200 OWAL L 404			M M / D D / Y Y Y Y Y	
Mailing Address 200 SW Market St PO Box 1271/MS E12C			03 31 2015	
	State Zip Code			
Portland	OR 97207-1271		Transaction ID: 65C2BA22E7172E682AB	
Purpose of Disbursement Refund Issued for 03/17/2015 Deposit in Error		240	Amount of Foot Bill	
Candidate Name		010	Amount of Each Disbursement this Period	
Sandidate Name		Category/ Type	5000.00	
Office Sought: House Disburse	ment For:	1 71	,	
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Data of Dishursomert	
			Date of Disbursement	
Mailing Address			M M / D D / Y Y Y Y	
City	State Zip Code			
Purpose of Disbursement				
raposo or Dispursoment			Amount of Each Disbursement this Period	
Candidate Name		Category/		
		Type		
Office Sought: House Disburse	ment For:	'		
Senate	Primary General			
President	Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial)				
·			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
ו מוףטספ טו טוסטמוספווופוונ			Amount of Each Dishursons and this Daried	
Candidate Name		Catagorii	Amount of Each Disbursement this Period	
		Category/ Type		
Office Sought: House Disburse	ment For:			
Senate	Primary General			
<u> </u>	Other (specify) ▼			
President				
State: President District:				
State: District:			5000 00	
		·····	5000.00	