

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Americas Health Insurance Plans PAC (AHIP PAC)**

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

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Deputy Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **933.40**

Date of Receipt **10 / 30 / 2015**

**Transaction ID : 2015110495242-16**

Amount of Each Receipt this Period **41.67**

**B. George Film**  
Full Name (Last, First, Middle Initial)

Mailing Address 5551 Crock St

City Louisville State OH Zip Code 44641-8783

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

Name of Employer AultCare Occupation AVP of Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 02 / 2015**

**Transaction ID : E1393782287D4D97A010**

Amount of Each Receipt this Period **500.00**

**C. Andrea Finley**  
Full Name (Last, First, Middle Initial)

Mailing Address 782 Crestland Ave SE

City North Canton State OH Zip Code 44720-3300

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

Name of Employer Aultcare Occupation AVP Compliance and Internal Audit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 02 / 2015**

**Transaction ID : A638A8873B884EDCA98E**

Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1041.67</b>
<b>TOTAL</b> This Period (last page this line number only).....	