

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

ADDRESS (number and street) 601 Pennsylvania Avenue, NW
South Building, Suite 500
Washington DC 20004
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00106740 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on MM/DD/YYYY in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11/06/2018 in the State of DC

5. Covering Period 10/18/2018 through 11/26/2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Banda, Dawn, M., ,
Type or Print Name of Treasurer

Signature of Treasurer Banda, Dawn, M., , [Electronically Filed] Date 12/06/2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="58073.95"/>	<input type="text" value="58073.95"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="86941.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17083.16"/>	<input type="text" value="172452.89"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="104024.34"/>	<input type="text" value="230526.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6200.00"/>	<input type="text" value="132702.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="97824.34"/>	<input type="text" value="97824.34"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 18 / 2018 To: M M / D D / Y Y Y Y 11 / 26 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17019.66	108392.24
(ii) Unitemized	63.50	7060.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17083.16	115452.86
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	57000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	17083.16	172452.86
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.03
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	17083.16	172452.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17083.16	172452.89

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	2.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	2.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6200.00	127700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6200.00	132702.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6200.00	132702.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17083.16	172452.86
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17083.16	167452.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	2.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	2.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Amontree, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Executive Vice President, Business Aff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4422.90

Date of Receipt 10 / 19 / 2018
Transaction ID : 2018101615174-2
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Amontree, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Executive Vice President, Business Aff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4422.90

Date of Receipt 11 / 02 / 2018
Transaction ID : 2018103013334-2
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Amontree, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Executive Vice President, Business Aff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4422.90

Date of Receipt 11 / 16 / 2018
Transaction ID : 2018111316215-2
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Anderson, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Associate-Clinical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2018
Transaction ID : 2018101615174-1
 Amount of Each Receipt this Period
 9.62
 Memo Item

B. Anderson, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Associate-Clinical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2018
Transaction ID : 2018103013334-1
 Amount of Each Receipt this Period
 9.62
 Memo Item

C. Anderson, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Associate-Clinical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2018
Transaction ID : 2018111316215-1
 Amount of Each Receipt this Period
 9.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.86
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Barth, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Church St
 City New York State NY Zip Code 10007-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthFirst Occupation (for Individual) SVP, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2018
Transaction ID : E30941B6C86F47969E8E
 Amount of Each Receipt this Period 500.00
 Memo Item
 2018 Contribution

B. Bermel, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 237 Old Farms Rd
 City Simsbury State CT Zip Code 06070-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthFirst Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 13 / 2018
Transaction ID : 2870A5DCE6254DA8BED3
 Amount of Each Receipt this Period 2000.00
 Memo Item
 2018 Contribution

C. Berry, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Senior Vice President Clinical Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4422.90

Date of Receipt 10 / 19 / 2018
Transaction ID : 2018101615174-4
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2692.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Berry, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Senior Vice President Clinical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4422.90

Date of Receipt **11 / 02 / 2018**
Transaction ID : 2018103013334-3
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Berry, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Senior Vice President Clinical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4422.90

Date of Receipt **11 / 16 / 2018**
Transaction ID : 2018111316215-3
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Black, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 Dolphin Cove Quay
 City Stamford State CT Zip Code 06902-7751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthFirst Occupation (for Individual) COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 13 / 2018**
Transaction ID : FA9C6423A1E54D139C99
 Amount of Each Receipt this Period 500.00
 Memo Item
 2018 Contribution

SUBTOTAL of Receipts This Page (optional).....	884.60
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Callanan, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1769.16

Date of Receipt 10 / 19 / 2018
Transaction ID : 2018101615174-5
 Amount of Each Receipt this Period 76.92
 Memo Item

B. Callanan, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1769.16

Date of Receipt 11 / 02 / 2018
Transaction ID : 2018103013334-4
 Amount of Each Receipt this Period 76.92
 Memo Item

C. Callanan, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1769.16

Date of Receipt 11 / 16 / 2018
Transaction ID : 2018111316215-4
 Amount of Each Receipt this Period 76.92
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.76
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Cashdollar, Winthrop, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Executive Director Product Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1326.87

Date of Receipt 10 / 19 / 2018
Transaction ID : 2018101615174-6
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Cashdollar, Winthrop, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Executive Director Product Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1326.87

Date of Receipt 11 / 02 / 2018
Transaction ID : 2018103013334-5
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Cashdollar, Winthrop, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Executive Director Product Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1326.87

Date of Receipt 11 / 16 / 2018
Transaction ID : 2018111316215-5
 Amount of Each Receipt this Period 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.13

Date of Receipt **10 / 19 / 2018**
Transaction ID : 2018101615174-7

Amount of Each Receipt this Period 115.39

Memo Item

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

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.13

Date of Receipt **11 / 02 / 2018**
Transaction ID : 2018103013334-6

Amount of Each Receipt this Period 115.39

Memo Item

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

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.13

Date of Receipt **11 / 16 / 2018**
Transaction ID : 2018111316215-6

Amount of Each Receipt this Period 115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dean, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Executive Director Insurance Education
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1326.87

Date of Receipt **10 / 19 / 2018**
Transaction ID : 2018101615174-8
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Dean, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Executive Director Insurance Educator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1326.87

Date of Receipt **11 / 02 / 2018**
Transaction ID : 2018103013334-7
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Dean, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Executive Director Insurance Education
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1326.87

Date of Receipt **11 / 16 / 2018**
Transaction ID : 2018111316215-7
 Amount of Each Receipt this Period 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Eyles, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 South Building, Suite 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **11 / 26 / 2018**
Transaction ID : 28434A8CB32B493D9384
 Amount of Each Receipt this Period 2500.00
 Memo Item
 2018 Contribution

B. Gallaher, Candy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 884.58

Date of Receipt **10 / 19 / 2018**
Transaction ID : 2018101615174-9
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Gallaher, Candy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 884.58

Date of Receipt **11 / 02 / 2018**
Transaction ID : 2018103013334-8
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2576.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Gallaher, Candy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 884.58

Date of Receipt
 11 / 16 / 2018
Transaction ID : 2018111316215-8
 Amount of Each Receipt this Period
 38.46
 Memo Item

B. Gassaway, Leanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 575.00

Date of Receipt
 10 / 19 / 2018
Transaction ID : 2018101615174-10
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Gassaway, Leanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Regional Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼
 575.00

Date of Receipt
 11 / 02 / 2018
Transaction ID : 2018103013334-9
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	88.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Gassaway, Leanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt **11 / 16 / 2018**
Transaction ID : 2018111316215-9
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Gierer, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1769.39

Date of Receipt **10 / 19 / 2018**
Transaction ID : 2018101615174-11
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Gierer, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1769.39

Date of Receipt **11 / 02 / 2018**
Transaction ID : 2018103013334-10
 Amount of Each Receipt this Period 76.93
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	178.86
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Gierer, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1769.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2018
Transaction ID : 2018111316215-10
 Amount of Each Receipt this Period
 76.93
 Memo Item

B. Griffin, Aron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Senior Vice President, Federal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2018
Transaction ID : 2018101615174-12
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Griffin, Aron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Senior Vice President, Federal Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1153.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2018
Transaction ID : 2018103013334-11
 Amount of Each Receipt this Period
 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	307.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Griffin, Aron, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1153.90

Date of Receipt
11 / 16 / 2018
Transaction ID : 2018111316215-11

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2653.74

Date of Receipt
10 / 19 / 2018
Transaction ID : 2018101615174-13

Amount of Each Receipt this Period
115.38

Memo Item

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

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2653.74

Date of Receipt
11 / 02 / 2018
Transaction ID : 2018103013334-12

Amount of Each Receipt this Period
115.38

Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Hamelburg, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.74

Date of Receipt
 11 / 16 / 2018
Transaction ID : 2018111316215-12
 Amount of Each Receipt this Period
 115.38
 Memo Item

B. Hathaway, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Executive Director, State Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.00

Date of Receipt
 10 / 19 / 2018
Transaction ID : 2018101615174-14
 Amount of Each Receipt this Period
 57.70
 Memo Item

C. Hathaway, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Executive Director, State Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 577.00

Date of Receipt
 11 / 02 / 2018
Transaction ID : 2018103013334-13
 Amount of Each Receipt this Period
 57.70
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.78
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 20 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Hathaway, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Executive Director, State Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.00

Date of Receipt 11 / 16 / 2018
Transaction ID : 2018111316215-13
 Amount of Each Receipt this Period 57.70
 Memo Item

B. Henson, Wendy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Deputy Director, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.29

Date of Receipt 11 / 02 / 2018
Transaction ID : 2018103013334-14
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Henson, Wendy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Deputy Director, Human Resources
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.29

Date of Receipt 11 / 16 / 2018
Transaction ID : 2018111316215-14
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.16
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Jones, Rhys, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Vice President, Medicaid Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt **10 / 19 / 2018**
Transaction ID : 2018101615174-16
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Jones, Rhys, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Vice President, Medicaid Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt **11 / 02 / 2018**
Transaction ID : 2018103013334-15
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Jones, Rhys, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Vice President, Medicaid Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt **11 / 16 / 2018**
Transaction ID : 2018111316215-15
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kornfield, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Vice President, Public Programs Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1384.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2018
Transaction ID : 2018101615174-18
 Amount of Each Receipt this Period
 92.30
 Memo Item

B. Kornfield, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Vice President, Public Programs Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1384.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2018
Transaction ID : 2018103013334-17
 Amount of Each Receipt this Period
 92.30
 Memo Item

C. Kornfield, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Vice President, Public Programs Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1384.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2018
Transaction ID : 2018111316215-17
 Amount of Each Receipt this Period
 92.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	276.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Lloyd, Danielle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) SVP, Private Market Innovations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt **10 / 19 / 2018**
Transaction ID : 2018101615174-19
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Lloyd, Danielle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) SVP, Private Market Innovations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt **11 / 02 / 2018**
Transaction ID : 2018103013334-18
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Lloyd, Danielle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) SVP, Private Market Innovations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt **11 / 16 / 2018**
Transaction ID : 2018111316215-18
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Macmoran, Holly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt **10 / 19 / 2018**
Transaction ID : 2018101615174-20
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Macmoran, Holly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt **11 / 02 / 2018**
Transaction ID : 2018103013334-19
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Macmoran, Holly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt **11 / 16 / 2018**
Transaction ID : 2018111316215-19
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Manning, Debi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Director of Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 424.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2018
Transaction ID : 2018101615174-21
 Amount of Each Receipt this Period
 18.46
 Memo Item

B. Manning, Debi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Director of Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 424.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2018
Transaction ID : 2018103013334-20
 Amount of Each Receipt this Period
 18.46
 Memo Item

C. Manning, Debi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Director of Human Resources
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 424.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2018
Transaction ID : 2018111316215-20
 Amount of Each Receipt this Period
 18.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	55.38
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Merritt, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **10 / 19 / 2018**
Transaction ID : 2018101615174-23

Amount of Each Receipt this Period 192.30

Memo Item

B. Merritt, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **11 / 02 / 2018**
Transaction ID : 2018103013334-22

Amount of Each Receipt this Period 192.30

Memo Item

C. Merritt, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **11 / 16 / 2018**
Transaction ID : 2018111316215-22

Amount of Each Receipt this Period 192.30

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Meyers, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Executive Director Product Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 424.58

Date of Receipt 10 / 19 / 2018
Transaction ID : 2018101615174-24
 Amount of Each Receipt this Period 18.46
 Memo Item

B. Meyers, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Executive Director Product Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 424.58

Date of Receipt 11 / 02 / 2018
Transaction ID : 2018103013334-23
 Amount of Each Receipt this Period 18.46
 Memo Item

C. Meyers, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Executive Director Product Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 424.58

Date of Receipt 11 / 16 / 2018
Transaction ID : 2018111316215-23
 Amount of Each Receipt this Period 18.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.38
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 28 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Miller, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Senior Associate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1326.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2018
Transaction ID : 2018101615174-25
 Amount of Each Receipt this Period
 57.69
 Memo Item

B. Miller, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Senior Associate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1326.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2018
Transaction ID : 2018103013334-24
 Amount of Each Receipt this Period
 57.69
 Memo Item

C. Miller, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Senior Associate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1326.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2018
Transaction ID : 2018111316215-24
 Amount of Each Receipt this Period
 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 173.07
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Miller, Lisa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Deputy Director, Meeting Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt **10 / 19 / 2018**

Transaction ID : 2018101615174-26

Amount of Each Receipt this Period 9.62

Memo Item

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

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Deputy Director, Meeting Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt **11 / 02 / 2018**

Transaction ID : 2018103013334-25

Amount of Each Receipt this Period 9.62

Memo Item

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

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Deputy Director, Meeting Services

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 221.26

Date of Receipt **11 / 16 / 2018**

Transaction ID : 2018111316215-25

Amount of Each Receipt this Period 9.62

Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.86
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt
10 / 19 / 2018
Transaction ID : 2018101615174-27

Amount of Each Receipt this Period
19.23

Memo Item

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

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt
11 / 02 / 2018
Transaction ID : 2018103013334-26

Amount of Each Receipt this Period
19.23

Memo Item

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

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 442.29

Date of Receipt
11 / 16 / 2018
Transaction ID : 2018111316215-26

Amount of Each Receipt this Period
19.23

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 42
	<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	<input type="checkbox"/> 17

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

A. Portsmouth, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 72 Foster Ave

City Malverne	State NY	Zip Code 11565-1938
------------------	-------------	------------------------

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

Name of Employer (for Individual) HealthFirst	Occupation (for Individual) SVP, Growth
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2018

Transaction ID : 5AF3131EA1F1444A9EE8

Amount of Each Receipt this Period
500.00

Memo Item
2018 Contribution

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

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington	State DC	Zip Code 20004-2601
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
442.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2018

Transaction ID : 2018101615174-29

Amount of Each Receipt this Period
19.23

Memo Item

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

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington	State DC	Zip Code 20004-2601
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
442.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2018

Transaction ID : 2018103013334-28

Amount of Each Receipt this Period
19.23

Memo Item

SUBTOTAL of Receipts This Page (optional).....	538.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Reeves, Ingrid, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Vice President, Membership
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt 11 / 16 / 2018
Transaction ID : 2018111316215-28
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Schechtman, Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Circle Rd
 City Scarsdale State NY Zip Code 10583-5321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthFirst Occupation (for Individual) Chief Clinical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2018
Transaction ID : C0172AD0FE08485F983A
 Amount of Each Receipt this Period 500.00
 Memo Item
 2018 Contribution

C. Schwietz, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12601 Buena Vista St
 City Leawood State KS Zip Code 66209-2264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthFirst Occupation (for Individual) SVP, Clinical Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2018
Transaction ID : 88C05638E0BB4650BD94
 Amount of Each Receipt this Period 500.00
 Memo Item
 2018 Contribution

SUBTOTAL of Receipts This Page (optional).....	1019.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **884.58**

Date of Receipt **10 / 19 / 2018**
Transaction ID : 2018101615174-30

Amount of Each Receipt this Period **38.46**

Memo Item

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

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **884.58**

Date of Receipt **11 / 02 / 2018**
Transaction ID : 2018103013334-29

Amount of Each Receipt this Period **38.46**

Memo Item

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

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **884.58**

Date of Receipt **11 / 16 / 2018**
Transaction ID : 2018111316215-29

Amount of Each Receipt this Period **38.46**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.38
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 34 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Stewart Smoot, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Manager, Special Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2018
Transaction ID : 2018101615174-31
 Amount of Each Receipt this Period
 19.23
 Memo Item

B. Stewart Smoot, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Manager, Special Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2018
Transaction ID : 2018103013334-30
 Amount of Each Receipt this Period
 19.23
 Memo Item

C. Stewart Smoot, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Manager, Special Projects
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2018
Transaction ID : 2018111316215-30
 Amount of Each Receipt this Period
 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Sweeney, Gerald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 Woodland Dr
 City Fair Haven State NJ Zip Code 07704-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthFirst Occupation (for Individual) Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 13 / 2018**
Transaction ID : D70F70FD185C4894937F
 Amount of Each Receipt this Period 1000.00
 Memo Item
 2018 Contribution

B. Thienel, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Director of PAC and Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 913.71

Date of Receipt **10 / 19 / 2018**
Transaction ID : 2018101615174-32
 Amount of Each Receipt this Period 48.09
 Memo Item

C. Thienel, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Director of PAC and Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 913.71

Date of Receipt **11 / 02 / 2018**
Transaction ID : 2018103013334-31
 Amount of Each Receipt this Period 48.09
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1096.18
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Thienel, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Director of PAC and Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 913.71

Date of Receipt 11 / 16 / 2018
Transaction ID : 2018111316215-31
 Amount of Each Receipt this Period 48.09
 Memo Item

B. Tiano, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 Chambers St
 City New York State NY Zip Code 10282-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthFirst Occupation (for Individual) General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 13 / 2018
Transaction ID : 4EA07FEB7B42492AB54C
 Amount of Each Receipt this Period 1000.00
 Memo Item
 2018 Contribution

C. Tucker, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Senior Legislative & Regulatory Analys
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 221.26

Date of Receipt 10 / 19 / 2018
Transaction ID : 2018101615174-33
 Amount of Each Receipt this Period 9.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1057.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Tucker, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Senior Legislative & Regulatory Analys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2018
Transaction ID : 2018103013334-32
 Amount of Each Receipt this Period
 9.62
 Memo Item

B. Tucker, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Senior Legislative & Regulatory Analys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2018
Transaction ID : 2018111316215-32
 Amount of Each Receipt this Period
 9.62
 Memo Item

C. Van Koevering, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) America's Health Insurance Plans Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1769.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2018
Transaction ID : 2018101615174-34
 Amount of Each Receipt this Period
 76.92
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Van Koevering, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1769.16

Date of Receipt
 11 / 02 / 2018
Transaction ID : 2018103013334-33
 Amount of Each Receipt this Period 76.92
 Memo Item

B. Van Koevering, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1769.16

Date of Receipt
 11 / 16 / 2018
Transaction ID : 2018111316215-33
 Amount of Each Receipt this Period 76.92
 Memo Item

C. Velliky, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 Ste 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 America's Health Insurance Plans Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1769.39

Date of Receipt
 10 / 19 / 2018
Transaction ID : 2018101615174-35
 Amount of Each Receipt this Period 76.93
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	230.77
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1769.39

Date of Receipt 11 / 02 / 2018
Transaction ID : 2018103013334-34

Amount of Each Receipt this Period 76.93

Memo Item

B. Velliky, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1769.39

Date of Receipt 11 / 16 / 2018
Transaction ID : 2018111316215-34

Amount of Each Receipt this Period 76.93

Memo Item

C. Wang, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 Broadway
Fl 9

City New York State NY Zip Code 10004-1058

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

Name of Employer (for Individual) Healthfirst, Inc. Occupation (for Individual) President & CEO

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 13 / 2018
Transaction ID : FBFB334D4D6E4116964C

Amount of Each Receipt this Period 2000.00

Memo Item
2018 Contribution

SUBTOTAL of Receipts This Page (optional).....	2153.86
TOTAL This Period (last page this line number only).....	17019.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Heller For Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name
Heller, Dean, Arthur, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2018

FEC Identification Number

C C00494229

Transaction ID : 81FC4DC005
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hoyer's Majority Fund

Mailing Address 700 13Th Street NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name
Hoyer's Majority Fund

Office Sought: House Senate President
Disbursement For: 2018 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2018

FEC Identification Number

C C00513002

Transaction ID : 3A49BCCDCI
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kaine Victory Fund

Mailing Address 1751 Potomac Greens Dr

City Alexandria State VA Zip Code 22314-6233

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name
Kaine Victory Fund

Office Sought: House Senate President
Disbursement For: 2018 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2018

FEC Identification Number

C C00629378

Transaction ID : C29048AAC/
Amount of Each Disbursement this Period

2700.00

Memo Item

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

6200.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mike Kelly For Congress

Mailing Address PO Box 476

City
Lyndora

State
PA

Zip Code
16045

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Kelly, G. Mike, J., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	22	/	2018

FEC Identification Number

C C00474189

Transaction ID : 4FA31DDA6A

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Kelly For Congress

Mailing Address PO Box 476

City
Lyndora

State
PA

Zip Code
16045

Purpose of Disbursement
Voided 5/10/2018 Contribution

011

Category/
Type

Candidate Name

Kelly, G. Mike, J., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	13	/	2018

FEC Identification Number

C C00474189

Transaction ID : E4CCA7412E

Amount of Each Disbursement this Period

- 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Texans For Senator John Cornyn Inc

Mailing Address PO Box 13026

City
Austin

State
TX

Zip Code
78711

Purpose of Disbursement
Voided 5/10/2018 Contribution

011

Category/
Type

Candidate Name

Cornyn, John, , , III

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	13	/	2018

FEC Identification Number

C C00369033

Transaction ID : F44A320ACF

Amount of Each Disbursement this Period

- 1000.00

Memo Item

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

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

- 500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Walters For Congress

Mailing Address 9070 Irvine Center Drive, #150

City Irvine State CA Zip Code 92618

Purpose of Disbursement
2018 General

Category/
Type

Candidate Name
Walters, Mimi, K., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 45

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 269FB8A211
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: District:

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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