

**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<br><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

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2576.92 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |