

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 (AHIP PAC)

ADDRESS (number and street) 601 Pennsylvania Avenue, NW

Check if different than previously reported. (ACC) South Building, Suite 500

Washington DC 20004

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input checked="" type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 08 / 01 / 2016 through 08 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Marilyn B. Tavenner

Signature of Treasurer Marilyn B. Tavenner [Electronically Filed] Date 09 / 19 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP 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="2016"/>		<input type="text" value="63476.79"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="33469.86"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15215.10"/>	<input type="text" value="139301.75"/>
(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="48684.96"/>	<input type="text" value="202778.54"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1000.00"/>	<input type="text" value="155093.58"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="47684.96"/>	<input type="text" value="47684.96"/>
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. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

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

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).....	14754.50	85996.98
(ii) Unitemized	460.60	8304.77
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15215.10	94301.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	45000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15215.10	139301.75
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	0.00
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))..... ▶	15215.10	139301.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15215.10	139301.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. 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	93.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	93.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	152500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	2500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2500.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	1000.00	155093.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	155093.58

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15215.10	139301.75
34. Total Contribution Refunds (from Line 28(d))	0.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15215.10	136801.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	93.58
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	93.58

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (AHIP PAC)

A. Susan Albert
Full Name (Last, First, Middle Initial)

Mailing Address 24 Richardson Rd

City Belmont State MA Zip Code 02478-3954

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

Name of Employer Tufts Health Plans Occupation Vice President, Care Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2016
Transaction ID : E709A51177604DA1BFC0

Amount of Each Receipt this Period 250.00

Memo Item

B. Jeremy Allen
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer Americas Health Insurance Plans Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.46

Date of Receipt 08 / 12 / 2016
Transaction ID : 2016082994142-3

Amount of Each Receipt this Period 115.38

Memo Item

C. Jeremy Allen
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer Americas Health Insurance Plans Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.46

Date of Receipt 08 / 26 / 2016
Transaction ID : 2016082994222-3

Amount of Each Receipt this Period 115.38

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 480.76

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 7 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Tom Amontree
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Executive Vice President, Business Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3269.10

Date of Receipt
08 / 12 / 2016
Transaction ID : 2016082994142-4

Amount of Each Receipt this Period
192.30

Memo Item

B. Tom Amontree
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Executive Vice President, Business Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3269.10

Date of Receipt
08 / 26 / 2016
Transaction ID : 2016082994222-4

Amount of Each Receipt this Period
192.30

Memo Item

C. Daniel Apicella
Full Name (Last, First, Middle Initial)

Mailing Address 109 Suffolk Rd

City Wellesley State MA Zip Code 02481-1204

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

Name of Employer Tufts Health Plan Occupation Vice President, Risk Adjustment

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 22 / 2016
Transaction ID : AA69B95FDA8D4988B3DD

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	634.60
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: (check only one)	PAGE 8 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Marc Backon
Full Name (Last, First, Middle Initial)

Mailing Address 5 Sandhopper Trl

City Westport State CT Zip Code 06880-5070

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

Name of Employer Tufts Health Plan Occupation Senior Vice President and Chief Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 12 / 2016
Transaction ID : 9929278057B048EDB869

Amount of Each Receipt this Period 500.00

Memo Item

B. Barrie Baker Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1015 Serpentine Ln

City Wyncote State PA Zip Code 19095-1616

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

Name of Employer Tufts Health Plan Occupation Network Health Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2016
Transaction ID : D9926D86866B416B9965

Amount of Each Receipt this Period 250.00

Memo Item

C. Catherine Berry
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW Suite 500, South Building

City Washington State DC Zip Code 20004-2601

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

Name of Employer AHIP Occupation Senior Vice President Clinical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 26 / 2016
Transaction ID : 4312B9BDC3EF455D91EA

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Carmella Bocchino
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Executive Vice President, Clinical Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3269.10

Date of Receipt
08 / 12 / 2016
Transaction ID : 2016082994142-5

Amount of Each Receipt this Period
192.30

Memo Item

B. Carmella Bocchino
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Executive Vice President, Clinical Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3269.10

Date of Receipt
08 / 26 / 2016
Transaction ID : 2016082994222-6

Amount of Each Receipt this Period
192.30

Memo Item

C. Dianne Bricker
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
653.82

Date of Receipt
08 / 12 / 2016
Transaction ID : 2016082994142-6

Amount of Each Receipt this Period
38.46

Memo Item

SUBTOTAL of Receipts This Page (optional).....	423.06
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 10 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dianne Bricker
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
653.82

Date of Receipt
08 / 26 / 2016
Transaction ID : 2016082994222-7

Amount of Each Receipt this Period
38.46

Memo Item

B. Gina Bushey
Full Name (Last, First, Middle Initial)

Mailing Address 5 Hutchins Way

City Westford State MA Zip Code 01886-2942

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

Name of Employer Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 17 / 2016
Transaction ID : DC0DC19AA6A5403A93C9

Amount of Each Receipt this Period
250.00

Memo Item

C. Kathleen Callanan
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1307.64

Date of Receipt
08 / 12 / 2016
Transaction ID : 2016082994142-7

Amount of Each Receipt this Period
76.92

Memo Item

SUBTOTAL of Receipts This Page (optional).....	365.38
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 11 OF 36
(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 (AHIP PAC)

A. Kathleen Callanan
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1307.64

Date of Receipt 08 / 26 / 2016
Transaction ID : 2016082994222-8
 Amount of Each Receipt this Period 76.92
 Memo Item

B. Nora Cargie
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Sachem St
 City Boston State MA Zip Code 02120-2807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tufts Health Plan Occupation President, Tufts Health Foundation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2016
Transaction ID : AC99A9E309164543B1E9
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Tracey Carter
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Robert Rd
 City Marlborough State MA Zip Code 01752-6531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tufts Health Plan Occupation VP Actuarial Services, Pricing and Unde
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 12 / 2016
Transaction ID : A066380ADEA04478B9EF
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 826.92
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 12 OF 36
<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 (AHIP PAC)

A. Winthrop Cashdollar
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Executive Director Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
980.73

Date of Receipt
08 / 12 / 2016
Transaction ID : 2016082994142-9

Amount of Each Receipt this Period
57.69

Memo Item

B. Winthrop Cashdollar
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Executive Director Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
980.73

Date of Receipt
08 / 26 / 2016
Transaction ID : 2016082994222-10

Amount of Each Receipt this Period
57.69

Memo Item

C. Yvonne Chanatry
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1634.72

Date of Receipt
08 / 12 / 2016
Transaction ID : 2016082994142-10

Amount of Each Receipt this Period
96.16

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 211.54

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 36
	<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 (AHIP PAC)

A. Yvonne Chanatry
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Vice President, Marketing and Graphics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1634.72

Date of Receipt 08 / 26 / 2016
Transaction ID : 2016082994222-11
 Amount of Each Receipt this Period 96.16
 Memo Item

B. Jonathan Chines
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Hopkins St
 City Wakefield State MA Zip Code 01880-2157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tufts Health Plan Occupation Vice President of Network Contracting,
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2016
Transaction ID : 4AEE794162C2489EA7DC
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Thomas Croswell
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 Wyman Rd
 City Lexington State MA Zip Code 02420-3236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tufts Health Plan Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 12 / 2016
Transaction ID : 8677F89A6ED34E92A521
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2346.16
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 14 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Gregory Dean
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Executive Director Insurance Education
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 980.73

Date of Receipt 08 / 12 / 2016
Transaction ID : 2016082994142-11
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Gregory Dean
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Executive Director Insurance Education
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 980.73

Date of Receipt 08 / 26 / 2016
Transaction ID : 2016082994222-12
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Paul Eiting
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Deputy Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 12 / 2016
Transaction ID : 2016082994142-12
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 153.84
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 36
	<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 (AHIP PAC)

A. Paul Eiting
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Deputy Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **653.82**

Date of Receipt **08 / 26 / 2016**
Transaction ID : 2016082994222-13
 Amount of Each Receipt this Period **38.46**
 Memo Item

B. Kathryn Gallagher
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Policy Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **326.91**

Date of Receipt **08 / 12 / 2016**
Transaction ID : 2016082994142-13
 Amount of Each Receipt this Period **19.23**
 Memo Item

C. Kathryn Gallagher
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Policy Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **326.91**

Date of Receipt **08 / 26 / 2016**
Transaction ID : 2016082994222-14
 Amount of Each Receipt this Period **19.23**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.92
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: PAGE 16 OF 36
(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 (AHIP PAC)

Full Name (Last, First, Middle Initial)
A. Candy Gallaher

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 653.82

Date of Receipt
 08 / 12 / 2016
Transaction ID : 2016082994142-14

Amount of Each Receipt this Period
 38.46

Memo Item

Full Name (Last, First, Middle Initial)
B. Candy Gallaher

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 653.82

Date of Receipt
 08 / 26 / 2016
Transaction ID : 2016082994222-15

Amount of Each Receipt this Period
 38.46

Memo Item

Full Name (Last, First, Middle Initial)
C. Leanne Gassaway

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 08 / 12 / 2016
Transaction ID : 2016082994142-15

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 101.92

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 17 OF 36
	<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 (AHIP PAC)

A. Leanne Gassaway
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 26 / 2016
Transaction ID : 2016082994222-16

Amount of Each Receipt this Period 25.00

Memo Item

B. Greg Gierer
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 615.44

Date of Receipt 08 / 12 / 2016
Transaction ID : 2016082994142-16

Amount of Each Receipt this Period 76.93

Memo Item

C. Greg Gierer
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 615.44

Date of Receipt 08 / 26 / 2016
Transaction ID : 2016082994222-17

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 18 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lydia Greene
Full Name (Last, First, Middle Initial)
Mailing Address 21 New Boston Rd
City Amherst State NH Zip Code 03031-3211
FEC ID number of contributing federal political committee. **C**
Name of Employer Tufts Health Plan Occupation VP, Human Resources and Diversity
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 12 / 2016
Transaction ID : 5841CA0AECC74551A054
Amount of Each Receipt this Period 500.00
 Memo Item

B. Mark Hamelburg
Full Name (Last, First, Middle Initial)
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C**
Name of Employer America's Health Insurance Plans Occupation Senior Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1961.46

Date of Receipt 08 / 12 / 2016
Transaction ID : 2016082994142-17
Amount of Each Receipt this Period 115.38
 Memo Item

C. Mark Hamelburg
Full Name (Last, First, Middle Initial)
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C**
Name of Employer America's Health Insurance Plans Occupation Senior Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1961.46

Date of Receipt 08 / 26 / 2016
Transaction ID : 2016082994222-18
Amount of Each Receipt this Period 115.38
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 730.76
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 19 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Maurice Hebert
Full Name (Last, First, Middle Initial)

Mailing Address 20 Child St
#801

City Cambridge State MA Zip Code 02141-1776

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

Name of Employer Tufts Health Plan Occupation Senior Vice President, Finance, and Ch

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 29 / 2016
Transaction ID : 88E0489A374145E887E9

Amount of Each Receipt this Period
500.00

Memo Item

B. Joni Hong
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Senior Associate Counsel, Special Proj

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.45

Date of Receipt
08 / 12 / 2016
Transaction ID : 2016082994142-19

Amount of Each Receipt this Period
28.85

Memo Item

C. Joni Hong
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Senior Associate Counsel, Special Proj

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.45

Date of Receipt
08 / 26 / 2016
Transaction ID : 2016082994222-20

Amount of Each Receipt this Period
28.85

Memo Item

SUBTOTAL of Receipts This Page (optional).....	557.70
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 20 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Donna Horoschak
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Senior Vice President, Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **923.12**

Date of Receipt **08 / 12 / 2016**

Transaction ID : 2016082994142-20

Amount of Each Receipt this Period **115.39**

Memo Item

B. Donna Horoschak
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Senior Vice President, Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **923.12**

Date of Receipt **08 / 26 / 2016**

Transaction ID : 2016082994222-21

Amount of Each Receipt this Period **115.39**

Memo Item

C. Joseph Imbimbo
Full Name (Last, First, Middle Initial)

Mailing Address 474 Revere Beach Blvd
Apt 1105

City Revere State MA Zip Code 02151-4726

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

Name of Employer Tufts Health Plan Occupation VP Technology Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 12 / 2016**

Transaction ID : 93C7AA5A3B584735A610

Amount of Each Receipt this Period **250.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	480.78
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 21 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (AHIP PAC)

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

Mailing Address 13 Loew Cir

City Milton State MA Zip Code 02186-1043

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

Name of Employer Tufts Health Plan Occupation Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 12 / 2016
Transaction ID : **BE2F8AF0F7F8487BB223**

Amount of Each Receipt this Period 500.00

Memo Item

B. Aryana Khalid
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer AHIP Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.10

Date of Receipt 08 / 12 / 2016
Transaction ID : **2016082994142-22**

Amount of Each Receipt this Period 192.30

Memo Item

C. Aryana Khalid
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer AHIP Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.10

Date of Receipt 08 / 26 / 2016
Transaction ID : **2016082994222-23**

Amount of Each Receipt this Period 192.30

Memo Item

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 22 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (AHIP PAC)

A. Denise Kress
Full Name (Last, First, Middle Initial)

Mailing Address 70 Banks St

City Winthrop State MA Zip Code 02152-1906

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

Name of Employer Tufts Health Plan Occupation Vice President, Senior Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2016
Transaction ID : 329C05F15CB346EC954B

Amount of Each Receipt this Period 250.00

Memo Item

B. Clare Krusing
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Deputy Press Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 784.55

Date of Receipt 08 / 12 / 2016
Transaction ID : 2016082994142-24

Amount of Each Receipt this Period 46.15

Memo Item

C. Clare Krusing
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Deputy Press Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 784.55

Date of Receipt 08 / 26 / 2016
Transaction ID : 2016082994222-24

Amount of Each Receipt this Period 46.15

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 342.30

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:	PAGE 23 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (AHIP PAC)

A. Crystal Kuntz
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1307.64

Date of Receipt
08 / 12 / 2016
Transaction ID : 2016082994142-25

Amount of Each Receipt this Period
76.92

Memo Item

B. Crystal Kuntz
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1307.64

Date of Receipt
08 / 26 / 2016
Transaction ID : 2016082994222-25

Amount of Each Receipt this Period
76.92

Memo Item

C. Umesh Kurpad
Full Name (Last, First, Middle Initial)

Mailing Address 32 Ridge Ave

City Newton Center State MA Zip Code 02459-2508

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

Name of Employer Tufts Health Plan Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 12 / 2016
Transaction ID : B9407BEB92744410AD3B

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 653.84

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 36
	<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 (AHIP PAC)

A. Courtney Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Vice President, Federal Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1307.64**

Date of Receipt **08 / 12 / 2016**
Transaction ID : 2016082994142-26
 Amount of Each Receipt this Period **76.92**
 Memo Item

B. Courtney Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Vice President, Federal Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1307.64**

Date of Receipt **08 / 26 / 2016**
Transaction ID : 2016082994222-26
 Amount of Each Receipt this Period **76.92**
 Memo Item

C. Holly Macmoran
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Program Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **326.91**

Date of Receipt **08 / 12 / 2016**
Transaction ID : 2016082994142-27
 Amount of Each Receipt this Period **19.23**
 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 25 OF 36
	<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 (AHIP PAC)

A. Holly Macmoran
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Program Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt **08 / 26 / 2016**

Transaction ID : 2016082994222-27

Amount of Each Receipt this Period **19.23**

Memo Item

B. Mary Mahoney
Full Name (Last, First, Middle Initial)

Mailing Address 23 Curve St

City Sherborn State MA Zip Code 01770-1052

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

Name of Employer Tufts Health Plan Occupation VP & Deputy General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **08 / 12 / 2016**

Transaction ID : 3ADDB7E621834B8692D1

Amount of Each Receipt this Period **500.00**

Memo Item

C. Debi Manning
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Director of Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **313.82**

Date of Receipt **08 / 12 / 2016**

Transaction ID : 2016082994142-28

Amount of Each Receipt this Period **18.46**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	537.69
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 26 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Debi Manning
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Director of Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **313.82**

Date of Receipt **08 / 26 / 2016**

Transaction ID : 2016082994222-28

Amount of Each Receipt this Period **18.46**

Memo Item

B. Kristine Martel
Full Name (Last, First, Middle Initial)

Mailing Address 14 Country Club Rd

City North Reading State MA Zip Code 01864-3110

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

Name of Employer Tufts Health Plan Occupation Vice President Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 15 / 2016**

Transaction ID : 7357A6B6E7E442478AE6

Amount of Each Receipt this Period **250.00**

Memo Item

C. Gretchen Medeiros
Full Name (Last, First, Middle Initial)

Mailing Address 135 Pleasant St
Apt. 404

City Brookline State MA Zip Code 02446-7187

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

Name of Employer Tufts Health Plan Occupation Vice President, Business Implementatio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 15 / 2016**

Transaction ID : 306E90F98A5F4775B355

Amount of Each Receipt this Period **250.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	518.46
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 27 OF 36
	<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 (AHIP PAC)

A. Thomas Meyers
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Executive Director Product Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **313.82**

Date of Receipt **08 / 12 / 2016**
Transaction ID : 2016082994142-31
 Amount of Each Receipt this Period **18.46**
 Memo Item

B. Thomas Meyers
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Executive Director Product Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **313.82**

Date of Receipt **08 / 26 / 2016**
Transaction ID : 2016082994222-31
 Amount of Each Receipt this Period **18.46**
 Memo Item

C. David Mezzanotte
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Cowan Ln
 City Mansfield State MA Zip Code 02048-1700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tufts Associated Health Plans Occupation Director of Sales and Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 15 / 2016**
Transaction ID : 732F1DBB6F5442239CCB
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	286.92
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 28 OF 36
	<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 (AHIP PAC)

A. Julie Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Senior Associate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 980.73

Date of Receipt 08 / 12 / 2016
Transaction ID : 2016082994142-32
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Julie Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Senior Associate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 980.73

Date of Receipt 08 / 26 / 2016
Transaction ID : 2016082994222-32
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Martin Mitchell Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Director Product Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 12 / 2016
Transaction ID : 2016082994142-34
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	134.61
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 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Martin Mitchell Jr.
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Director Product Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt **08 / 26 / 2016**

Transaction ID : 2016082994222-34

Amount of Each Receipt this Period **19.23**

Memo Item

B. Jay Perron
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1307.64**

Date of Receipt **08 / 12 / 2016**

Transaction ID : 2016082994142-35

Amount of Each Receipt this Period **76.92**

Memo Item

C. Jay Perron
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

Name of Employer America's Health Insurance Plans Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1307.64**

Date of Receipt **08 / 26 / 2016**

Transaction ID : 2016082994222-35

Amount of Each Receipt this Period **76.92**

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 30 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Debra Poskanzer

Mailing Address 145 Kent St

City State Zip Code
Brookline MA 02446-5401

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

Name of Employer Tufts Health Plan
Occupation Vice President, Medical Management and

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 12 / 2016
Transaction ID : B8C017C6EA934974B034

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Roland Price

Mailing Address 34 Teele Ave

City State Zip Code
West Somerville MA 02144-1212

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

Name of Employer Tufts Health Plan
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 12 / 2016
Transaction ID : 0C1AE779EF0D43518CE5

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Ingrid Reeves

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

City State Zip Code
Washington DC 20004

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

Name of Employer America's Health Insurance Plans
Occupation Vice President, Membership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.91

Date of Receipt
08 / 12 / 2016
Transaction ID : 2016082994142-36

Amount of Each Receipt this Period
19.23

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 519.23

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 31 OF 36
	<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 (AHIP PAC)

A. Ingrid Reeves
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Vice President, Membership
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016
Transaction ID : 2016082994222-36
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Lisa Shreve
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Senior Vice President, Professional Pr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 12 / 2016
Transaction ID : 2016082994142-38
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Lisa Shreve
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Senior Vice President, Professional Pr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016
Transaction ID : 2016082994222-38
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	96.15
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 32 OF 36
	<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 (AHIP PAC)

A. Deborah Stevens
Full Name (Last, First, Middle Initial)
Mailing Address 8 Cricket Ln
City Littleton State MA Zip Code 01460-1109
FEC ID number of contributing federal political committee. **C**
Name of Employer Tufts Health Plan Occupation Information Security Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 08 / 15 / 2016
Transaction ID : A280CD980AA64B53AD40
Amount of Each Receipt this Period 250.00
 Memo Item

B. Kristin Stewart Smoot
Full Name (Last, First, Middle Initial)
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C**
Name of Employer AHIP Occupation Manager, Special Projects
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 326.91

Date of Receipt 08 / 12 / 2016
Transaction ID : 2016082994142-39
Amount of Each Receipt this Period 19.23
 Memo Item

C. Kristin Stewart Smoot
Full Name (Last, First, Middle Initial)
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C**
Name of Employer AHIP Occupation Manager, Special Projects
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 326.91

Date of Receipt 08 / 26 / 2016
Transaction ID : 2016082994222-39
Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	288.46
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 33 OF 36
	<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 (AHIP PAC)

A. Miriam Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Cedar Ave
 City Arlington State MA Zip Code 02476-7335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tufts Health Plan Occupation AVP, Allied Health & Pharmacy Services
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 08 / 16 / 2016
Transaction ID : 12B7116B63AF48859DF6
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Marilyn Tavenner
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Americas Health Insurance Plans Occupation President & CEO
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 3269.10

Date of Receipt 08 / 12 / 2016
Transaction ID : 2016082994142-40
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Marilyn Tavenner
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Americas Health Insurance Plans Occupation President & CEO
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 3269.10

Date of Receipt 08 / 26 / 2016
Transaction ID : 2016082994222-40
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	634.60
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: (check only one)	PAGE 34 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Patricia Trebino
Full Name (Last, First, Middle Initial)

Mailing Address 142 Manning St

City Needham State MA Zip Code 02494-1541

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

Name of Employer Tufts Health Plan Occupation SVP of Operations, CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 12 / 2016
Transaction ID : 68CB221438CF420C8984

Amount of Each Receipt this Period
500.00

Memo Item

B. Mark Van Koevering
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1307.64

Date of Receipt
08 / 12 / 2016
Transaction ID : 2016082994142-42

Amount of Each Receipt this Period
76.92

Memo Item

C. Mark Van Koevering
Full Name (Last, First, Middle Initial)

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

City Washington State DC Zip Code 20004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1307.64

Date of Receipt
08 / 26 / 2016
Transaction ID : 2016082994222-42

Amount of Each Receipt this Period
76.92

Memo Item

SUBTOTAL of Receipts This Page (optional).....	653.84
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 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Todd Whitecross
Full Name (Last, First, Middle Initial)
Mailing Address 28 Grist Mill Ln
City Walpole State MA Zip Code 02081-3778
FEC ID number of contributing federal political committee. **C**
Name of Employer Tufts Health Plan Occupation Vice President of Network Contracting
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 08 / 15 / 2016
Transaction ID : 22B7BF316E8347D4A870
Amount of Each Receipt this Period 250.00
 Memo Item

B. Kristi Wick
Full Name (Last, First, Middle Initial)
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C**
Name of Employer America's Health Insurance Plans Occupation Digital Media Coordinator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 326.91

Date of Receipt 08 / 12 / 2016
Transaction ID : 2016082994142-43
Amount of Each Receipt this Period 19.23
 Memo Item

C. Kristi Wick
Full Name (Last, First, Middle Initial)
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C**
Name of Employer America's Health Insurance Plans Occupation Digital Media Coordinator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 326.91

Date of Receipt 08 / 26 / 2016
Transaction ID : 2016082994222-43
Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	288.46
TOTAL This Period (last page this line number only).....	14754.50

**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"/> 24	<input type="checkbox"/> 25	<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 (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Hoeven for Senate

Mailing Address PO Box 861

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

John Henry Hoeven III

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ND District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : 439AC8E8F1BC98FE834

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. People for Ben

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement
Voided 6/24/2016

011

Category/
Type

Candidate Name

Ben Ray Lujan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 09 / 2016

Transaction ID : 888DFEFCF5CD130CC46D

Amount of Each Disbursement this Period

-2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. People for Ben

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Ben Ray Lujan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : 2D6B870909F51C15F4A

Amount of Each Disbursement this Period

2500.00

Memo Item

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

1000.00

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

1000.00