

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 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) [X]

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) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) 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 ... in the State of ...

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on ... in the State of ...

5. Covering Period 06/01/2016 through 06/30/2016

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 07/14/2016

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

Table with 10 columns, 'Office Use Only' in the first column, and 'FEC FORM 3X Rev. 12/2004' in the last column.

**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=""/>	<input type="text" value="63476.79"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="58206.14"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7251.64"/>	<input type="text" value="117074.57"/>
(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="65457.78"/>	<input type="text" value="180551.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28000.00"/>	<input type="text" value="143093.58"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="37457.78"/>	<input type="text" value="37457.78"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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)

Page 3

Write or Type Committee Name

**Americas Health Insurance Plans PAC (AHIP PAC)**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7004.49	64485.73
(ii) Unitemized .....	247.15	7588.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7251.64	72074.57
(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) .....	7251.64	117074.57
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))..... ▶	7251.64	117074.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7251.64	117074.57

**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	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.....	28000.00	140500.00
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)) ..	28000.00	143093.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28000.00	143093.58

**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) .....	7251.64	117074.57
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7251.64	114574.57
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: (check only one)	PAGE 6 OF 32
	<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	

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. 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 ▼  
1384.56

Date of Receipt  
06 / 03 / 2016  
**Transaction ID : 2016061674055-3**

Amount of Each Receipt this Period  
115.38

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 ▼  
1384.56

Date of Receipt  
06 / 17 / 2016  
**Transaction ID : 2016061674040-3**

Amount of Each Receipt this Period  
115.38

Memo Item

**C. 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 ▼  
2307.60

Date of Receipt  
06 / 03 / 2016  
**Transaction ID : 2016061674055-4**

Amount of Each Receipt this Period  
192.30

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	423.06
<b>TOTAL</b> 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 32
	<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

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. 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 ▼  
2307.60

Date of Receipt  
06 / 17 / 2016  
**Transaction ID : 2016061674040-4**

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 ▼  
2307.60

Date of Receipt  
06 / 03 / 2016  
**Transaction ID : 2016061674055-5**

Amount of Each Receipt this Period  
192.30

Memo Item

**C. 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 ▼  
2307.60

Date of Receipt  
06 / 17 / 2016  
**Transaction ID : 2016061674040-5**

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 8 OF 32
	<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	

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. 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 ▼  
461.52

Date of Receipt  
06 / 03 / 2016  
**Transaction ID : 2016061674055-6**

Amount of Each Receipt this Period  
38.46

Memo Item

**B. 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 ▼  
461.52

Date of Receipt  
06 / 17 / 2016  
**Transaction ID : 2016061674040-6**

Amount of Each Receipt this Period  
38.46

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 ▼  
923.04

Date of Receipt  
06 / 03 / 2016  
**Transaction ID : 2016061674055-7**

Amount of Each Receipt this Period  
76.92

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 9 OF 32
	<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 (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 ▼ 923.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016  
**Transaction ID : 2016061674040-7**  
 Amount of Each Receipt this Period  
 76.92  
 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 ▼ 692.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2016  
**Transaction ID : 2016061674055-9**  
 Amount of Each Receipt this Period  
 57.69  
 Memo Item

**C. 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 ▼ 692.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016  
**Transaction ID : 2016061674040-9**  
 Amount of Each Receipt this Period  
 57.69  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	192.30
<b>TOTAL</b> 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 32
	<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
-----------------------------	-----------------------------	-----------------------------

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. 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 ▼ 1153.92

Date of Receipt 06 / 03 / 2016  
**Transaction ID : 2016061674055-10**  
 Amount of Each Receipt this Period 96.16  
 Memo Item

**B. 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 ▼ 1153.92

Date of Receipt 06 / 17 / 2016  
**Transaction ID : 2016061674040-10**  
 Amount of Each Receipt this Period 96.16  
 Memo Item

**C. 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 ▼ 692.28

Date of Receipt 06 / 03 / 2016  
**Transaction ID : 2016061674055-11**  
 Amount of Each Receipt this Period 57.69  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.01
<b>TOTAL</b> 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 32
	<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

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. 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 ▼  
692.28

Date of Receipt  
06 / 17 / 2016  
**Transaction ID : 2016061674040-11**

Amount of Each Receipt this Period  
57.69

Memo Item

**B. Michael Dudley**  
Full Name (Last, First, Middle Initial)

Mailing Address 4417 Corporation Ln

City Virginia Beach State VA Zip Code 23462-3162

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

Name of Employer Sentara Health Plans, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
06 / 07 / 2016  
**Transaction ID : 828FDDFFC73F4339A3CB**

Amount of Each Receipt this Period  
2500.00

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 ▼  
461.52

Date of Receipt  
06 / 03 / 2016  
**Transaction ID : 2016061674055-12**

Amount of Each Receipt this Period  
38.46

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2596.15

**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 12 OF 32
	<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

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. 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 ▼  
461.52

Date of Receipt  
06 / 17 / 2016  
Transaction ID : 2016061674040-12

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 ▼  
230.76

Date of Receipt  
06 / 03 / 2016  
Transaction ID : 2016061674055-13

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 ▼  
230.76

Date of Receipt  
06 / 17 / 2016  
Transaction ID : 2016061674040-13

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: (check only one)	PAGE 13 OF 32
	<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 (AHIP PAC)**

**A. Candy Gallaher**  
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 ▼ **461.52**

Date of Receipt **06 / 03 / 2016**

**Transaction ID : 2016061674055-14**

Amount of Each Receipt this Period **38.46**

Memo Item

**B. Candy Gallaher**  
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 ▼ **461.52**

Date of Receipt **06 / 17 / 2016**

**Transaction ID : 2016061674040-14**

Amount of Each Receipt this Period **38.46**

Memo Item

**C. 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 ▼ **300.00**

Date of Receipt **06 / 03 / 2016**

**Transaction ID : 2016061674055-15**

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 14 OF 32
	<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 (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 ▼  
300.00

Date of Receipt  
06 / 17 / 2016  
**Transaction ID : 2016061674040-15**

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 ▼  
230.79

Date of Receipt  
06 / 17 / 2016  
**Transaction ID : 2016061674040-16**

Amount of Each Receipt this Period  
76.93

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 ▼  
1384.56

Date of Receipt  
06 / 03 / 2016  
**Transaction ID : 2016061674055-17**

Amount of Each Receipt this Period  
115.38

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	217.31
<b>TOTAL</b> 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 32
	<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

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. 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 ▼ 1384.56

Date of Receipt 06 / 17 / 2016  
**Transaction ID : 2016061674040-17**  
 Amount of Each Receipt this Period 115.38  
 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 ▼ 346.20

Date of Receipt 06 / 03 / 2016  
**Transaction ID : 2016061674055-19**  
 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 ▼ 346.20

Date of Receipt 06 / 17 / 2016  
**Transaction ID : 2016061674040-19**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 173.08  
**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 32  
(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 (AHIP PAC)**

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 346.17

Date of Receipt  
 06 / 03 / 2016  
**Transaction ID : 2016061674055-20**

Amount of Each Receipt this Period  
 115.39

Memo Item

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 346.17

Date of Receipt  
 06 / 17 / 2016  
**Transaction ID : 2016061674040-20**

Amount of Each Receipt this Period  
 115.39

Memo Item

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

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 Occupation  
 AHIP Executive Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2307.60

Date of Receipt  
 06 / 03 / 2016  
**Transaction ID : 2016061674055-22**

Amount of Each Receipt this Period  
 192.30

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 423.08

**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 32
	<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

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

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

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

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 ▼  
2307.60

Date of Receipt  
06 / 17 / 2016  
**Transaction ID : 2016061674040-22**

Amount of Each Receipt this Period  
192.30

Memo Item

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

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 ▼  
553.80

Date of Receipt  
06 / 03 / 2016  
**Transaction ID : 2016061674055-24**

Amount of Each Receipt this Period  
46.15

Memo Item

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

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 ▼  
553.80

Date of Receipt  
06 / 17 / 2016  
**Transaction ID : 2016061674040-24**

Amount of Each Receipt this Period  
46.15

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	284.60
<b>TOTAL</b> 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 18 OF 32 (check only one)
<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"/>	<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. 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 ▼ **923.04**

Date of Receipt  
**06 / 03 / 2016**

**Transaction ID : 2016061674055-25**

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 ▼ **923.04**

Date of Receipt  
**06 / 17 / 2016**

**Transaction ID : 2016061674040-25**

Amount of Each Receipt this Period  
**76.92**

Memo Item

**C. 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 ▼ **923.04**

Date of Receipt  
**06 / 03 / 2016**

**Transaction ID : 2016061674055-26**

Amount of Each Receipt this Period  
**76.92**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>230.76</b>
<b>TOTAL</b> 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 32
	<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

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

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

Full Name (Last, First, Middle Initial)  
**A. Courtney Lawrence**

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 ▼ **923.04**

Date of Receipt **06 / 17 / 2016**

**Transaction ID : 2016061674040-26**

Amount of Each Receipt this Period **76.92**

Memo Item

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

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 ▼ **230.76**

Date of Receipt **06 / 03 / 2016**

**Transaction ID : 2016061674055-27**

Amount of Each Receipt this Period **19.23**

Memo Item

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

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 ▼ **230.76**

Date of Receipt **06 / 17 / 2016**

**Transaction ID : 2016061674040-27**

Amount of Each Receipt this Period **19.23**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>115.38</b>
<b>TOTAL</b> 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 32
	<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
-----------------------------	-----------------------------	-----------------------------

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. Amber Manko**  
 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, Federal Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 03 / 2016  
**Transaction ID : 2016061674055-28**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Amber Manko**  
 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, Federal Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 17 / 2016  
**Transaction ID : 2016061674040-28**  
 Amount of Each Receipt this Period 38.46  
 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 ▼ 221.52

Date of Receipt 06 / 03 / 2016  
**Transaction ID : 2016061674055-29**  
 Amount of Each Receipt this Period 18.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.38
<b>TOTAL</b> 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 32
	<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 (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 ▼ 221.52

Date of Receipt  
 06 / 17 / 2016  
**Transaction ID : 2016061674040-29**  
 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 ▼ 221.52

Date of Receipt  
 06 / 03 / 2016  
**Transaction ID : 2016061674055-32**  
 Amount of Each Receipt this Period 18.46  
 Memo Item

**C. 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 ▼ 221.52

Date of Receipt  
 06 / 17 / 2016  
**Transaction ID : 2016061674040-32**  
 Amount of Each Receipt this Period 18.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.38
<b>TOTAL</b> 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 32
	<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

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. 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 ▼  
692.28

Date of Receipt  
06 / 03 / 2016  
**Transaction ID : 2016061674055-33**

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 ▼  
692.28

Date of Receipt  
06 / 17 / 2016  
**Transaction ID : 2016061674040-33**

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 ▼  
230.76

Date of Receipt  
06 / 03 / 2016  
**Transaction ID : 2016061674055-35**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134.61
<b>TOTAL</b> 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 32
	<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

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. 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 ▼  
230.76

Date of Receipt  
06 / 17 / 2016  
**Transaction ID : 2016061674040-35**

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 ▼  
923.04

Date of Receipt  
06 / 03 / 2016  
**Transaction ID : 2016061674055-36**

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 ▼  
923.04

Date of Receipt  
06 / 17 / 2016  
**Transaction ID : 2016061674040-36**

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 24 OF 32
	<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
-----------------------------	-----------------------------	-----------------------------

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. 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 ▼ 230.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2016  
**Transaction ID : 2016061674055-38**  
 Amount of Each Receipt this Period  
 19.23  
 Memo Item

**B. 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 ▼ 230.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2016  
**Transaction ID : 2016061674040-37**  
 Amount of Each Receipt this Period  
 19.23  
 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 ▼ 461.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2016  
**Transaction ID : 2016061674055-40**  
 Amount of Each Receipt this Period  
 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.92
<b>TOTAL</b> 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 32
	<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
-----------------------------	-----------------------------	-----------------------------

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. 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 ▼ 461.52

Date of Receipt 06 / 17 / 2016  
**Transaction ID : 2016061674040-39**  
 Amount of Each Receipt this Period 38.46  
 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 ▼ 230.76

Date of Receipt 06 / 03 / 2016  
**Transaction ID : 2016061674055-41**  
 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 ▼ 230.76

Date of Receipt 06 / 17 / 2016  
**Transaction ID : 2016061674040-40**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.92
<b>TOTAL</b> 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 32
	<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

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. 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) ▼

Aggregate Year-to-Date ▼  
2307.60

Date of Receipt  
06 / 03 / 2016  
**Transaction ID : 2016061674055-42**

Amount of Each Receipt this Period  
192.30

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) ▼

Aggregate Year-to-Date ▼  
2307.60

Date of Receipt  
06 / 17 / 2016  
**Transaction ID : 2016061674040-41**

Amount of Each Receipt this Period  
192.30

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 ▼  
923.04

Date of Receipt  
06 / 03 / 2016  
**Transaction ID : 2016061674055-44**

Amount of Each Receipt this Period  
76.92

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 461.52

**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 32
	<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

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. 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 ▼ **923.04**

Date of Receipt **06 / 17 / 2016**

**Transaction ID : 2016061674040-43**

Amount of Each Receipt this Period **76.92**

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 ▼ **230.76**

Date of Receipt **06 / 03 / 2016**

**Transaction ID : 2016061674055-45**

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 ▼ **230.76**

Date of Receipt **06 / 17 / 2016**

**Transaction ID : 2016061674040-44**

Amount of Each Receipt this Period **19.23**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>115.38</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>7004.49</b>

**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

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

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

Full Name (Last, First, Middle Initial)

**A. Ami Bera for Congress**

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Amerish B. Bera**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	6

Transaction ID : 24EA8AE6B161489025E

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bennet for Colorado**

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Michael F. Bennet**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	6

Transaction ID : 9B98CD33F6018F32B1D

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHERPAC**

Mailing Address 1050 17th St NW Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
2016 Contribution

011

Category/  
Type

Candidate Name

**CHERPAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	6

Transaction ID : A7AFB828EDF59DC912A

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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

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

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

Full Name (Last, First, Middle Initial)

**A. Debbie Dingell for Congress**

Mailing Address 19855 W. Outer Dr.  
Ste 103 Ae

City Dearborn State MI Zip Code 48124

Purpose of Disbursement  
2016 General

011

Candidate Name  
**Deborah Ann Dingell**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 12

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2016

Transaction ID : 0D143212742F197F53C

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DelBene for Congress**

Mailing Address PO Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement  
2016 General

011

Candidate Name  
**Suzan Kay DelBene**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WA District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2016

Transaction ID : 991A4640217293BDE3D

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Denny Heck for Congress**

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Dennis Heck**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WA District: 10

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2016

Transaction ID : 21CAD5B57B5F5E6EE06

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5000.00

**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"/> 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

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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 General

011

Candidate Name  
**Patrick Joseph Toomey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2016

Transaction ID : 911A151B0F19B3CF748

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kuster for Congress, Inc**

Mailing Address PO Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement  
2016 General

011

Candidate Name  
**Ann McLane Kuster**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2016

Transaction ID : 1831F23E53AF47E83DC

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Marino for Congress**

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement  
2016 General

011

Candidate Name  
**Thomas Anthony Marino**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 10

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2016

Transaction ID : D5B9A11FEBD64502995

Amount of Each Disbursement this Period

2500.00

Memo Item

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

8500.00

**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"/> 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

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

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

Full Name (Last, First, Middle Initial)

**A. 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

MM / DD / YYYY  
06 / 24 / 2016

**Transaction ID : 34382B80FB3DEBC7883**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Pete Aguilar for Congress**

Mailing Address PO Box 10954

City San Bernardino State CA Zip Code 92423

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Peter Ray Aguilar**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2016

**Transaction ID : 92B795754D832476FA**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Reasonable Independent Constructive and Effective PAC (RICE PAC)**

Mailing Address PO Box 744

City Mineola State NY Zip Code 11501

Purpose of Disbursement  
2016 Contribution

011

Category/  
Type

Candidate Name

Reasonable Independent Constructive and Effective PAC (RICE PAC)

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2016

**Transaction ID : 8A0FA1F035512FD9A22**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

6500.00

**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"/> 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

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

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

Full Name (Last, First, Middle Initial)

**A. Tim Walz for US Congress**

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Timothy J. Walz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : 5E9414859B0FF1DD9FE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tony Cardenas for Congress**

Mailing Address 249 E. Ocean Blvd. Suite 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Tony Cardenas**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : 9D4AA1DBC5FE031E26B

Amount of Each Disbursement this Period

2000.00

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

3000.00

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

28000.00