

**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	<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 ▼
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)..... ▶