

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Velliky, Kathryn, , ,**

Mailing Address 601 Pennsylvania Ave NW  
Ste 500

City  
Washington

State  
DC

Zip Code  
20004-2601

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.58

Date of Receipt

MM / DD / YYYY  
03 / 08 / 2019

**Transaction ID : 2019030812576-34**

Amount of Each Receipt this Period

76.93

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Velliky, Kathryn, , ,**

Mailing Address 601 Pennsylvania Ave NW  
Ste 500

City  
Washington

State  
DC

Zip Code  
20004-2601

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.58

Date of Receipt

MM / DD / YYYY  
03 / 22 / 2019

**Transaction ID : 201903211516-34**

Amount of Each Receipt this Period

76.93

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Walsh, Andrea, , ,**

Mailing Address 7212 Fleetwood Dr

City  
Edina

State  
MN

Zip Code  
55439-1810

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HealthPartners, Inc.

Occupation (for Individual)  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
03 / 25 / 2019

**Transaction ID : B33DD70F30C043DF9B1B**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

2019 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

5153.86

9319.21