

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 C C00106740 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] 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: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) 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 M M M / D D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 08 01 2015 through 08 31 2015

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 Charles W. Stellar

Signature of Treasurer Charles W. Stellar [Electronically Filed] Date 09 18 2015

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="2015"/>	<input type="text" value="47941.84"/>	<input type="text" value="47941.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="67603.60"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16418.46"/>	<input type="text" value="165248.52"/>
(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="84022.06"/>	<input type="text" value="213190.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12559.87"/>	<input type="text" value="141728.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="71462.19"/>	<input type="text" value="71462.19"/>
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)

Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 08 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 08 / 31 / 2015

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).....	11073.24	92267.22
(ii) Unitemized	345.22	7981.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11418.46	100248.52
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	65000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	16418.46	165248.52
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))..... ▶	16418.46	165248.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16418.46	165248.52

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	59.87	228.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	59.87	228.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	136500.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5000.00
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)) ..	12559.87	141728.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12559.87	141728.17

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)	16418.46	165248.52
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16418.46	160248.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	59.87	228.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	59.87	228.17

**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 40
	<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. 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 ▼ 2025.00

Date of Receipt
 08 / 14 / 2015
Transaction ID : 20150901153739-3
 Amount of Each Receipt this Period
 125.00

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 ▼ 2025.00

Date of Receipt
 08 / 31 / 2015
Transaction ID : 20150901153731-3
 Amount of Each Receipt this Period
 125.00

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 ▼ 3333.28

Date of Receipt
 08 / 14 / 2015
Transaction ID : 20150901153739-4
 Amount of Each Receipt this Period
 208.33

SUBTOTAL of Receipts This Page (optional).....	458.33
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 40
	<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. 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 ▼ 3333.28

Date of Receipt 08 / 31 / 2015
Transaction ID : 20150901153731-4
 Amount of Each Receipt this Period 208.33

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 ▼ 3333.28

Date of Receipt 08 / 14 / 2015
Transaction ID : 20150901153739-5
 Amount of Each Receipt this Period 208.33

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 ▼ 3333.28

Date of Receipt 08 / 31 / 2015
Transaction ID : 20150901153731-5
 Amount of Each Receipt this Period 208.33

SUBTOTAL of Receipts This Page (optional).....▶	624.99
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 40
	<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. 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 ▼ 741.72

Date of Receipt 08 / 14 / 2015
Transaction ID : 20150901153739-6
 Amount of Each Receipt this Period 41.67

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 ▼ 741.72

Date of Receipt 08 / 31 / 2015
Transaction ID : 20150901153731-6
 Amount of Each Receipt this Period 41.67

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 ▼ 1333.28

Date of Receipt 08 / 14 / 2015
Transaction ID : 20150901153739-7
 Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 166.67
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 40
	<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. 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 ▼ 1333.28

Date of Receipt 08 / 31 / 2015
Transaction ID : 20150901153731-7
 Amount of Each Receipt this Period 83.33

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 ▼ 1350.00

Date of Receipt 08 / 14 / 2015
Transaction ID : 20150901153739-9
 Amount of Each Receipt this Period 62.50

C. Winthrop Cashdollar
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Ave NW
 South Building, Suite 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Executive Director Product Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 08 / 14 / 2015
Transaction ID : EFA89D70B26C4EF2A15A
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 395.83
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 40
	<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. 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 ▼ 1350.00

Date of Receipt 08 / 31 / 2015
Transaction ID : 20150901153731-9
 Amount of Each Receipt this Period 62.50

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 ▼ 1666.72

Date of Receipt 08 / 14 / 2015
Transaction ID : 20150901153739-10
 Amount of Each Receipt this Period 104.17

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 ▼ 1666.72

Date of Receipt 08 / 31 / 2015
Transaction ID : 20150901153731-10
 Amount of Each Receipt this Period 104.17

SUBTOTAL of Receipts This Page (optional)..... ▶ 270.84
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 11 OF 40
	<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. Rebecca Cole
 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, Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 656.25

Date of Receipt 08 / 14 / 2015
Transaction ID : 20150901153739-11
 Amount of Each Receipt this Period 62.50

B. Rebecca Cole
 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, Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 656.25

Date of Receipt 08 / 31 / 2015
Transaction ID : 20150901153731-11
 Amount of Each Receipt this Period 62.50

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 ▼ 1025.00

Date of Receipt 08 / 14 / 2015
Transaction ID : 20150901153739-13
 Amount of Each Receipt this Period 62.50

SUBTOTAL of Receipts This Page (optional).....▶	187.50
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 40
	<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. 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 ▼ **1025.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : 20150901153731-13

Amount of Each Receipt this Period **62.50**

B. Mary Beth Donahue
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 VP, Policy & Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3333.28**

Date of Receipt **08 / 14 / 2015**

Transaction ID : 20150901153739-15

Amount of Each Receipt this Period **208.33**

C. Mary Beth Donahue
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 VP, Policy & Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3333.28**

Date of Receipt **08 / 31 / 2015**

Transaction ID : 20150901153731-15

Amount of Each Receipt this Period **208.33**

SUBTOTAL of Receipts This Page (optional).....▶	479.16
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 13 OF 40
	<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. Daniel Durham
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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3333.28

Date of Receipt
08 / 14 / 2015
Transaction ID : 20150901153739-16

Amount of Each Receipt this Period
208.33

B. Daniel Durham
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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3333.28

Date of Receipt
08 / 31 / 2015
Transaction ID : 20150901153731-16

Amount of Each Receipt this Period
208.33

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 ▼ 766.72

Date of Receipt
08 / 14 / 2015
Transaction ID : 20150901153739-17

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 458.33

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 40
	<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. Paul Eiting
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW
South Building, Suite 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **766.72**

Date of Receipt
08 / 27 / 2015
Transaction ID : 8CB88DCBDE7D4FDAAF0

Amount of Each Receipt this Period
50.00

B. 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 ▼ **766.72**

Date of Receipt
08 / 31 / 2015
Transaction ID : 20150901153731-17

Amount of Each Receipt this Period
41.67

C. Matthew Eyles
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW
South Building, Suite 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer America's Health Insurance Plans Occupation Executive Director, Policy & Regulator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2625.00**

Date of Receipt
08 / 14 / 2015
Transaction ID : AC17DE5B0BA04AF788D0

Amount of Each Receipt this Period
475.00

SUBTOTAL of Receipts This Page (optional)..... **566.67**

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 40
	<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. 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 ▼ **358.28**

Date of Receipt **08 / 14 / 2015**

Transaction ID : 20150901153739-18

Amount of Each Receipt this Period **20.83**

B. Kathryn Gallagher
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 America's Health Insurance Plans Occupation Policy Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **358.28**

Date of Receipt **08 / 27 / 2015**

Transaction ID : 0984B787681F4A5F8538

Amount of Each Receipt this Period **25.00**

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 ▼ **358.28**

Date of Receipt **08 / 31 / 2015**

Transaction ID : 20150901153731-18

Amount of Each Receipt this Period **20.83**

SUBTOTAL of Receipts This Page (optional).....▶	66.66
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 16 OF 40
	<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. 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 ▼ **766.72**

Date of Receipt **08 / 14 / 2015**

Transaction ID : 20150901153739-19

Amount of Each Receipt this Period **41.67**

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 ▼ **766.72**

Date of Receipt **08 / 31 / 2015**

Transaction ID : 20150901153731-19

Amount of Each Receipt this Period **41.67**

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

Mailing Address 1800 Center St

City Camp Hill State PA Zip Code 17011-1702

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 ▼ **766.72**

Date of Receipt **08 / 31 / 2015**

Transaction ID : C6AE7F9D93804DE99520

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....▶	183.34
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 40
	<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. 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 ▼ 483.28

Date of Receipt
08 / 14 / 2015
Transaction ID : 20150901153739-20

Amount of Each Receipt this Period
27.08

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

Mailing Address 4729 N Bellflower Blvd

City Long Beach State CA Zip Code 90808-1120

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 ▼ 483.28

Date of Receipt
08 / 27 / 2015
Transaction ID : 08CFB741EF124EA2954B

Amount of Each Receipt this Period
50.00

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 ▼ 483.28

Date of Receipt
08 / 31 / 2015
Transaction ID : 20150901153731-20

Amount of Each Receipt this Period
27.08

SUBTOTAL of Receipts This Page (optional).....▶	104.16
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 18 OF 40
	<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. Cindy Goff
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Ave NW
 South Building, Suite 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Regional Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **08 / 27 / 2015**
Transaction ID : EE25F18C460F4FF1879B
 Amount of Each Receipt this Period **250.00**

B. Cindy Goff
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Ave NW
 South Building, Suite 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Regional Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **08 / 27 / 2015**
Transaction ID : 9E5F047D8CB14C5CADD
 Amount of Each Receipt this Period **250.00**

C. Cynthia Goff
 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 BlueCross and BlueShield of Minnesota Occupation Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1333.28**

Date of Receipt **08 / 14 / 2015**
Transaction ID : 20150901153739-21
 Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional)..... **583.33**
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 40
	<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. Cynthia Goff
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 BlueCross and BlueShield of Minnesota Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1333.28

Date of Receipt
08 / 31 / 2015
Transaction ID : 20150901153731-21

Amount of Each Receipt this Period
83.33

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 ▼
1375.00

Date of Receipt
08 / 14 / 2015
Transaction ID : 20150901153739-22

Amount of Each Receipt this Period
125.00

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 ▼
1375.00

Date of Receipt
08 / 31 / 2015
Transaction ID : 20150901153731-22

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 333.33

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 40
	<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. Wendy Henson
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW
South Building, Suite 500

City Washington State DC Zip Code 20004-2601

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
08 / 27 / 2015
Transaction ID : 1EC32EBD75394BB09CED

Amount of Each Receipt this Period
100.00

B. Wendy Henson
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, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
08 / 31 / 2015
Transaction ID : 20150901153731-23

Amount of Each Receipt this Period
10.00

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 ▼
500.00

Date of Receipt
08 / 14 / 2015
Transaction ID : 20150901153739-24

Amount of Each Receipt this Period
31.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 141.25

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 21 OF 40
	<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. 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 ▼ **500.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : 20150901153731-24

Amount of Each Receipt this Period **31.25**

B. Burt Hudson
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, Client Learning Servi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **666.72**

Date of Receipt **08 / 14 / 2015**

Transaction ID : 20150901153739-25

Amount of Each Receipt this Period **41.67**

C. Burt Hudson
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, Client Learning Servi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **666.72**

Date of Receipt **08 / 31 / 2015**

Transaction ID : 20150901153731-25

Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... **114.59**

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 22 OF 40
	<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. Erik Komendant
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 America's Health Insurance Plans Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1025.00

Date of Receipt
08 / 27 / 2015
Transaction ID : D2532FA5B7914B1AA748

Amount of Each Receipt this Period
25.00

B. Erik Komendant
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 America's Health Insurance Plans Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1025.00

Date of Receipt
08 / 27 / 2015
Transaction ID : 7D4233C2E4DD4F1FB8E4

Amount of Each Receipt this Period
1000.00

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 ▼
439.62

Date of Receipt
08 / 14 / 2015
Transaction ID : 20150901153739-28

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1075.00

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 23 OF 40
	<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)

Full Name (Last, First, Middle Initial) A. Clare Krusing		Date of Receipt 08 / 27 / 2015 Transaction ID : 166DCA35569D4C5C8392
Mailing Address 601 Pennsylvania Ave NW Suite 500, South Building		Amount of Each Receipt this Period 25.00
City Washington	State DC Zip Code 20004-2601	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 439.62
Name of Employer America's Health Insurance Plans	Occupation Deputy Press Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Clare Krusing		Date of Receipt 08 / 31 / 2015 Transaction ID : F5E971DFC6454665A254
Mailing Address 601 Pennsylvania Ave NW Suite 500, South Building		Amount of Each Receipt this Period 25.00
City Washington	State DC Zip Code 20004-2601	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 439.62
Name of Employer America's Health Insurance Plans	Occupation Deputy Press Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Clare Krusing		Date of Receipt 08 / 31 / 2015 Transaction ID : 20150901153731-28
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 50.00
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 439.62
Name of Employer America's Health Insurance Plans	Occupation Deputy Press Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 24 OF 40
	<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. 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 ▼ 1333.28

Date of Receipt
 08 / 14 / 2015
Transaction ID : 20150901153739-29

Amount of Each Receipt this Period
 83.33

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 ▼ 1333.28

Date of Receipt
 08 / 31 / 2015
Transaction ID : 20150901153731-29

Amount of Each Receipt this Period
 83.33

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 ▼ 1333.28

Date of Receipt
 08 / 14 / 2015
Transaction ID : 20150901153739-30

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional).....	249.99
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 40
	<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. 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 ▼
1333.28

Date of Receipt
08 / 31 / 2015
Transaction ID : 20150901153731-30

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Beth Leonard

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 Director Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3333.28

Date of Receipt
08 / 14 / 2015
Transaction ID : 20150901153739-31

Amount of Each Receipt this Period
208.33

Full Name (Last, First, Middle Initial)
C. Beth Leonard

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 Director Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3333.28

Date of Receipt
08 / 31 / 2015
Transaction ID : 20150901153731-31

Amount of Each Receipt this Period
208.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 499.99

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 40
	<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. 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 ▼ 333.28

Date of Receipt 08 / 14 / 2015
Transaction ID : 20150901153739-33
 Amount of Each Receipt this Period 20.83

B. 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 ▼ 333.28

Date of Receipt 08 / 31 / 2015
Transaction ID : 20150901153731-33
 Amount of Each Receipt this Period 20.83

C. Amber Manko
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Ave NW
 South Building, Suite 500
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer America's Health Insurance Plans Occupation Deputy Director, Federal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 483.28

Date of Receipt 08 / 14 / 2015
Transaction ID : A269013D65C94F968115
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 141.66
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 40
	<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. 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 ▼ **483.28**

Date of Receipt **08 / 14 / 2015**

Transaction ID : 20150901153739-34

Amount of Each Receipt this Period **20.83**

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 ▼ **483.28**

Date of Receipt **08 / 31 / 2015**

Transaction ID : 20150901153731-34

Amount of Each Receipt this Period **20.83**

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 ▼ **320.00**

Date of Receipt **08 / 14 / 2015**

Transaction ID : 20150901153739-35

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **61.66**

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 40
	<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 ▼ **320.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : 20150901153731-35

Amount of Each Receipt this Period **20.00**

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 ▼ **320.00**

Date of Receipt **08 / 14 / 2015**

Transaction ID : 20150901153739-38

Amount of Each Receipt this Period **20.00**

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 ▼ **320.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : 20150901153731-38

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **60.00**

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 29 OF 40
	<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. 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 ▼ 1000.00

Date of Receipt 08 / 14 / 2015
Transaction ID : 20150901153739-40

Amount of Each Receipt this Period 62.50

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 ▼ 1000.00

Date of Receipt 08 / 31 / 2015
Transaction ID : 20150901153731-40

Amount of Each Receipt this Period 62.50

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 ▼ 383.28

Date of Receipt 08 / 14 / 2015
Transaction ID : 20150901153739-42

Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.83

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 40
	<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. Martin Mitchell Jr.		Date of Receipt 08 / 31 / 2015 Transaction ID : 20150901153731-42
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 20.83
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 383.28
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jay Perron		Date of Receipt 08 / 14 / 2015 Transaction ID : 20150901153739-43
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		Amount of Each Receipt this Period 83.33
City Washington	State DC Zip Code 20004	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 866.64
Name of Employer America's Health Insurance Plans	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jay Perron		Date of Receipt 08 / 24 / 2015 Transaction ID : A659902BE9754C4F92BA
Mailing Address 601 Pennsylvania Ave NW Suite 500, South Building		Amount of Each Receipt this Period 200.00
City Washington	State DC Zip Code 20004-2601	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 866.64
Name of Employer America's Health Insurance Plans	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	304.16
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 31 OF 40
	<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. 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 ▼ **866.64**

Date of Receipt
08 / 31 / 2015

Transaction ID : 20150901153731-43

Amount of Each Receipt this Period
83.33

B. Mark Pratt
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 ▼ **2000.00**

Date of Receipt
08 / 14 / 2015

Transaction ID : 20150901153739-45

Amount of Each Receipt this Period
125.00

C. Mark Pratt
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 ▼ **2000.00**

Date of Receipt
08 / 31 / 2015

Transaction ID : 20150901153731-44

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	333.33
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 40
	<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. 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 ▼ 333.28

Date of Receipt 08 / 14 / 2015
Transaction ID : 20150901153739-46
 Amount of Each Receipt this Period 20.83

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 ▼ 333.28

Date of Receipt 08 / 31 / 2015
Transaction ID : 20150901153731-45
 Amount of Each Receipt this Period 20.83

C. Eric Schultz
 Full Name (Last, First, Middle Initial)
 Mailing Address 93 Worcester St
 3W
 City Wellesley Hills State MA Zip Code 02481-3609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harvard Pilgrim Health Care Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 26 / 2015
Transaction ID : 92CF2F750D3A438C8BAA
 Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional).....▶	2041.66
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 40
	<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. 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 ▼ 666.72

Date of Receipt
 08 / 14 / 2015
Transaction ID : 20150901153739-48
 Amount of Each Receipt this Period
 41.67

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 ▼ 666.72

Date of Receipt
 08 / 31 / 2015
Transaction ID : 20150901153731-47
 Amount of Each Receipt this Period
 41.67

c. Charles Stellar
 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 V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3333.28

Date of Receipt
 08 / 14 / 2015
Transaction ID : 20150901153739-49
 Amount of Each Receipt this Period
 208.33

SUBTOTAL of Receipts This Page (optional).....▶	291.67
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 40
	<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. Charles Stellar
 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 V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3333.28

Date of Receipt 08 / 31 / 2015
Transaction ID : 20150901153731-48
 Amount of Each Receipt this Period 208.33

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 ▼ 333.28

Date of Receipt 08 / 14 / 2015
Transaction ID : 20150901153739-50
 Amount of Each Receipt this Period 20.83

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 ▼ 333.28

Date of Receipt 08 / 31 / 2015
Transaction ID : 20150901153731-49
 Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.99
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 40
	<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. 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 ▼ 1483.28

Date of Receipt
08 / 14 / 2015
Transaction ID : 20150901153739-52

Amount of Each Receipt this Period
83.33

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

Mailing Address 107 Chocolay Downs Drive

City Marquette State MI Zip Code 49855-9542

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 ▼ 1483.28

Date of Receipt
08 / 27 / 2015
Transaction ID : E485A44E93DE45C7898B

Amount of Each Receipt this Period
150.00

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 ▼ 1483.28

Date of Receipt
08 / 31 / 2015
Transaction ID : 20150901153731-51

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 316.66

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 36 OF 40
	<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. 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 ▼ 358.28

Date of Receipt 08 / 14 / 2015
Transaction ID : 20150901153739-53
 Amount of Each Receipt this Period 20.83

B. Kristi Wick
 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 America's Health Insurance Plans Occupation Digital Media Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 358.28

Date of Receipt 08 / 27 / 2015
Transaction ID : 00BF0221A325492AB20C
 Amount of Each Receipt this Period 25.00

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 ▼ 358.28

Date of Receipt 08 / 31 / 2015
Transaction ID : 20150901153731-52
 Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional).....	66.66
TOTAL This Period (last page this line number only).....	11073.24

**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 37 OF 40
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)

Full Name (Last, First, Middle Initial) A. Independence Blue Cross PAC (IBC PAC)		Date of Receipt MM / DD / YYYY 08 / 18 / 2015 Transaction ID : 2C8DD67C72224AFCAEF3
Mailing Address 1901 Market Street		Amount of Each Receipt this Period 2500.00
City Philadelphia	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. C C00450056	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
		Annual Contribution 2015

Full Name (Last, First, Middle Initial) B. Independence Blue Cross PAC (IBC PAC)		Date of Receipt MM / DD / YYYY 08 / 18 / 2015 Transaction ID : 3330E78D077B448EB926
Mailing Address 1901 Market Street		Amount of Each Receipt this Period 2500.00
City Philadelphia	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. C C00450056	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
		Annual Contribution 2015

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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. Blaine for Congress

Mailing Address PO Box 1025

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement
2016 Primary

011

Candidate Name
W. Blaine Luetkemeyer

Category/
Type

Office Sought: House
 Senate
 President
State: MO District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : 96F1074DCF617449818

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Courtney for Congress

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement
Redesignation of 7/9/2015 contribution from 2016 Primary to 2016 Convention

011

Candidate Name
Joseph D. Courtney

Category/
Type

Office Sought: House
 Senate
 President
State: CT District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : C6F88FAFE9C57364C79

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Mike Crapo for US Senate

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement
2016 Primary

011

Candidate Name
Michael Dean Crapo

Category/
Type

Office Sought: House
 Senate
 President
State: ID District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : 86661D5A0ACDC2625EC

Amount of Each Disbursement this Period

5000.00

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

5500.00

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

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

Full Name (Last, First, Middle Initial)

A. Patriots Leading a Majority

Mailing Address 50 S Providence Road

City State Zip Code
Media PA 19063

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Patriots Leading a Majority

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : 7DA95C73A90F376868F

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Poliquin for Congress

Mailing Address PO Box 50

City State Zip Code
Oakland ME 04963

Purpose of Disbursement
2016 Primary

011

Candidate Name

Bruce Lee Poliquin

Category/
Type

Office Sought: House
 Senate
 President

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

State: ME District: 02

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : 70E49F6F6B7DA451FF2

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Vern Buchanan for Congress

Mailing Address PO Box 48928

City State Zip Code
Sarasota FL 34230

Purpose of Disbursement
2016 Primary

011

Candidate Name

Vernon Gale Buchanan

Category/
Type

Office Sought: House
 Senate
 President

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

State: FL District: 16

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : 31923F62A7369B02BA9

Amount of Each Disbursement this Period

1500.00

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

3500.00

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

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

Full Name (Last, First, Middle Initial)

A. Victory by Investing Building and Empowering (VIBE) PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2015

Mailing Address One Park Row 5th Floor

Transaction ID : DF1F4E8F45820BE700A

City Providence State RI Zip Code 02903

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
2015 Contribution

011
Category/ Type

Candidate Name

Victory by Investing Building and Empowering (VIBE) PAC

Office Sought: House Senate President

Disbursement For: 2015
 Primary General
 Other (specify) Contribution

State: District:

Full Name (Last, First, Middle Initial)

B. Yoder for Congress, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2015

Mailing Address PO Box 26742

Transaction ID : EB5E66996F1B7A3D8F9

City Overland Park State KS Zip Code 66225-6742

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2016 Primary

011
Category/ Type

Candidate Name

Kevin Wayne Yoder

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: KS District: 03

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

Amount of Each Disbursement this Period

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City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) Contribution

State: District:

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

3500.00

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

12500.00
