

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Berry, Catherine, , ,

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)
Senior Vice President Clinical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2019

Transaction ID : 2019101616175-3

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

B. Blake, Patricia, , ,

Mailing Address 175 Maskwonicut St

City
Sharon

State
MA

Zip Code
02067-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tufts Health Plan

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2019

Transaction ID : B8BDDDFC71774F30A369

Amount of Each Receipt this Period

500.00

☐ Memo Item
2019 Contribution

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

C. Callanan, Kathleen, , ,

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 ▼

1615.32

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2019

Transaction ID : 2019100711416-4

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

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

769.22