

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

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

FOR LINE NUMBER: PAGE 26 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. Mullen, Robert, , ,**

Mailing Address 3904 37th St NW

City  
CantonState  
OHZip Code  
44718-3008FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AultcareOccupation (for Individual)  
General Counsel

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2019

Transaction ID : F3F53342089E4471A96B

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 2019 Contribution

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

**B. Novak, Joe, , ,**

Mailing Address 2600 6th St SW

City  
CantonState  
OHZip Code  
44710-1702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AultcareOccupation (for Individual)  
Svp, Corporate Services

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2019

Transaction ID : 1987A4D2C79E4597933B

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. Oliver, Lauren, , ,**Mailing Address 601 Pennsylvania Ave NW  
Ste 500City  
WashingtonState  
DCZip Code  
20004-2601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance PlansOccupation (for Individual)  
Policy Director

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.02

Date of Receipt

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

Transaction ID : 2019101616175-27

Amount of Each Receipt this Period

9.62

☐ Memo Item

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

1009.62

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