

# 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.   
MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)   
Check if different than previously reported. (ACC)  NORTHBROOK IL 60062

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  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  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  in the State of

5. Covering Period  03 / 01 / 2016 through  03 / 31 / 2016

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 Babar Ghias

Signature of Treasurer Babar Ghias [Electronically Filed] Date  04 / 19 / 2016

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

**MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE**

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="2016"/>	<input type="text" value="14500.00"/>	<input type="text" value="14500.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15680.88"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1323.92"/>	<input type="text" value="5034.80"/>
(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="17004.80"/>	<input type="text" value="19534.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3000.00"/>	<input type="text" value="5530.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="14004.80"/>	<input type="text" value="14004.80"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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)

Write or Type Committee Name

MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 03 / 01 / 2016 To: 03 / 31 / 2016

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).....	1123.92	4834.80
(ii) Unitemized .....	200.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1323.92	5034.80
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1323.92	5034.80
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))..... ▶	1323.92	5034.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1323.92	5034.80

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	0.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	5500.00
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	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
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)) ..	3000.00	5530.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	5530.00

**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) .....	1323.92	5034.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1323.92	5034.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	30.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	30.00

**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 8
<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

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)  
**MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE**

**A. Gregory Aronin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7609 Sebago Rd  
City Bethesda State MD Zip Code 20817-4841  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Marathon Pharmaceuticals, LLC Occupation VP, Public Affairs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **3434.80**

Date of Receipt **03 / 15 / 2016**  
**Transaction ID : 77D2B39B0CDF4A4EB711**  
Amount of Each Receipt this Period **86.96**  
 Memo Item

**B. Gregory Aronin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7609 Sebago Rd  
City Bethesda State MD Zip Code 20817-4841  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Marathon Pharmaceuticals, LLC Occupation VP, Public Affairs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **3434.80**

Date of Receipt **03 / 31 / 2016**  
**Transaction ID : 3063B06E1EE242ABA6DA**  
Amount of Each Receipt this Period **86.96**  
 Memo Item

**C. Babar Ghias**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1730 N Clark St  
City Chicago State IL Zip Code 60614-5883  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Marathon Pharmaceuticals, LLC Occupation CFO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **900.00**

Date of Receipt **03 / 15 / 2016**  
**Transaction ID : ABEA50711B6448B48FD1**  
Amount of Each Receipt this Period **225.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>398.92</b>
<b>TOTAL</b> 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 8
	<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)  
**MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE**

**A. Babar Ghias**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1730 N Clark St  
 City Chicago State IL Zip Code 60614-5883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Marathon Pharmaceuticals, LLC Occupation CFO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **03 / 31 / 2016**  
**Transaction ID : E82D0B283CD84A0EBF46**  
 Amount of Each Receipt this Period **225.00**  
 Memo Item

**B. Jenny Swalec**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1033 Skokie Blvd  
 City Northbrook State IL Zip Code 60062-4101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Marathon Pharmaceuticals, LLC Occupation VP of Research and Exploratory Develop  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 12 / 2016**  
**Transaction ID : C81F80BBDF884E6181F0**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>725.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>1123.92</b>

**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)

**MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robin Kelly for Congress**

Mailing Address PO Box 6953

City Chicago State IL Zip Code 60680

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Robin Lynne Kelly**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	6

Transaction ID : A91E65757B60873A4F1

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. Tenn Political Action Committee Inc (TENN PAC)**

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Tenn Political Action Committee Inc (TENN PAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	6

Transaction ID : 4F7FCE6BE130765CE28

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**C. Volunteers for Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**John M. Shimkus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	6

Transaction ID : C098F421AE373DAF433

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Memo Item

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

3	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
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