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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

(See instructions)

MAR 11 P 12:03

Offices use only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Examples: If typing, type over this line 12FE4M5

PharMerica Inc. Political Action Committee (PPAC)

ADDRESS (number and street) 3628 Queen Palm Drive

(Check if address is changed)

Tampa

FL

33619

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

lawlson@pharmerica.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

813

318

8726

2. DATE 03 10 2004

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

JOHN M. LANIER

Signature of Treasurer

John M. Lanier

Date

03 10 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only			
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-854-1100

FEC FORM 1  
(Revised 02/2000)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Office \_\_\_\_\_ State \_\_\_\_\_  
 Party Affiliation Sought House Senate President District \_\_\_\_\_

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a \_\_\_\_\_ (National, State, or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Pfizer/Amica Inc \_\_\_\_\_

Mailing Address \_\_\_\_\_ 3525 Green Palm Drive \_\_\_\_\_

Tampa

FL

33619

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_ Connected Organization \_\_\_\_\_

Types of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

7. Name of Type Committee Name

**Pharmacia Inc. Political Action Committee (PPAC)**

7. Custodian of Records: Identify by name, address, (phone number – optional), and position of the person in possession of Committee books and records.

Full Name Jon Rawison

Mailing Address 3625 Queen Palm Drive

Tampa FL 33619

Title or Position Secretary CITY STATE ZIP CODE

Telephone number 813 318 6874

8. Treasurer: List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer John Lanier

Mailing Address 3625 Queen Palm Drive

Tampa FL 33610

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 813 318 6470

Full Name of Designated Agent Dez Dearborn

Mailing Address 3625 Queen Palm Drive

Tampa FL 33619

Title or Position Assistant Treasurer CITY STATE ZIP CODE

Telephone number 813 318 6308

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

P.O. Box 25118

Tampa

FL

33622 - 5118

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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