

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Pharmacists Association Political Action Committee

ADDRESS (number and street) 2215 Constitution Avenue, NW
 Check if different than previously reported. (ACC)
Washington DC 20037

2. **FEC IDENTIFICATION NUMBER** C00193854
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 Quarterly 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 (12G)
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 01 01 2009 through 06 30 2009

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 Mr. Roger K. Browning

Signature of Treasurer Electronically Filed by Mr. Roger K. Browning Date 07 30 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Pharmacists Association Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		42581.09
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	42581.09									
(c) Total Receipts (from Line 19)	20587.00	20587.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	63168.09	63168.09								
7. Total Disbursements (from Line 31)	28628.71	28628.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34539.38	34539.38								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Pharmacists Association Political Action Committee

Report Covering the Period: From: To:

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)	2250.00	2250.00
(ii) Unitemized	18337.00	18337.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	20587.00	20587.00
(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)	20587.00	20587.00
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 Transfer (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))	20587.00	20587.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20587.00	20587.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	103.71	103.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	103.71	103.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28500.00	28500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	25.00	25.00
(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))	25.00	25.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	28628.71	28628.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28628.71	28628.71

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	20587.00	20587.00
34. Total Contribution Refunds (from Line 28(d))	25.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20562.00	20562.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	103.71	103.71
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	103.71	103.71

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 16
(check only one)

<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)
American Pharmacists Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Thomas R. Hodel

Mailing Address Box 1781

City Soldotna State AK Zip Code 99669

FEC ID number of contributing federal political committee. C

Name of Employer Soldotna Professional Pharmacy Occupation Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 07 / 2009

Transaction ID: C690209

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
William E. Kearney

Mailing Address 5136 Hill Rd E

City Lakeport State CA Zip Code 95453

FEC ID number of contributing federal political committee. C

Name of Employer North Lake Medical Pharmacy Occupation Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 19 / 2009

Transaction ID: C759945

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Gregory O. Kitchens

Mailing Address 2543 Bennits Mill Way

City Tallahassee State FL Zip Code 32312

FEC ID number of contributing federal political committee. C

Name of Employer Clinical Services at Artia Solutions Occupation Vice President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 15 / 2009

Transaction ID: C690200

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1000.00

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: PAGE 7 / 16
(check only one)

<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)
American Pharmacists Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
James C. Kloster

Mailing Address 809 S Meyer Ave

City Tucson State AZ Zip Code 85701

FEC ID number of contributing federal political committee. C

Name of Employer University of AZ College of Pharmacy Occupation Pharmacist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 03 / 2009
Transaction ID: C739156

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
David M. Smith

Mailing Address 610 E Romie Lane, Suite 1

City Salinas State CA Zip Code 93901

FEC ID number of contributing federal political committee. C

Name of Employer A&O Clinic Pharmacy Occupation Pharmacist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 09 / 2009
Transaction ID: C690216

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Donald H. Williams

Mailing Address 257 140th Ave NE

City Bellevue State WA Zip Code 98005-4728

FEC ID number of contributing federal political committee. C

Name of Employer WA State Board of Pharmacy Occupation Pharmacy Consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 07 / 2009
Transaction ID: C690259

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) 1150.00

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:		PAGE 8 / 16	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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)
American Pharmacists Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Donald H. Williams		Date of Receipt	
	Mailing Address 257 140th Ave NE		M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: C690260
	Bellevue	WA	98005-4728	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	100.00
	Name of Employer WA State Board of Pharmacy		Occupation Pharmacy Consultant	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	2250.00

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
American Pharmacists Association Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wachovia</p> <p>Mailing Address NC8502 PO Box 563966</p> <p>City Charlotte State NC Zip Code 28262</p> <p>Purpose of Disbursement Bank Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88115 Date of Disbursement 06 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 6.89</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wachovia</p> <p>Mailing Address NC8502 PO Box 563966</p> <p>City Charlotte State NC Zip Code 28262</p> <p>Purpose of Disbursement Bank Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88116 Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 16.31</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Wachovia</p> <p>Mailing Address NC8502 PO Box 563966</p> <p>City Charlotte State NC Zip Code 28262</p> <p>Purpose of Disbursement Bank Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88117 Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 10.41</p>

SUBTOTAL of Disbursements This Page (optional) ▶

33.61

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
American Pharmacists Association Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wachovia</p> <p>Mailing Address NC8502 PO Box 563966</p> <p>City Charlotte State NC Zip Code 28262</p> <p>Purpose of Disbursement Bank Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88118 Date of Disbursement 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 45.00</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wachovia</p> <p>Mailing Address NC8502 PO Box 563966</p> <p>City Charlotte State NC Zip Code 28262</p> <p>Purpose of Disbursement Bank Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88119 Date of Disbursement 04 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 14.43</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Wachovia</p> <p>Mailing Address NC8502 PO Box 563966</p> <p>City Charlotte State NC Zip Code 28262</p> <p>Purpose of Disbursement Bank Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D88120 Date of Disbursement 05 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 10.67</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

70.10

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

103.71

**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)
American Pharmacists Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) BRALEY FOR CONGRESS	Transaction ID: D86778
	Mailing Address PO Box 390	Date of Disbursement 06 / 19 / 2009
	City Waterloo State IA Zip Code 50704	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution to Federal Candidate	011 Category/ Type
	Candidate Name Rep. Bruce L. Braley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN	Transaction ID: D79367
	Mailing Address PO Box 12612	Date of Disbursement 02 / 19 / 2009
	City San Antonio State TX Zip Code 78212	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution to Federal Candidate	011 Category/ Type
	Candidate Name Rep. Charles A. Gonzalez	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON	Transaction ID: D84622
	Mailing Address P.O. BOX 61	Date of Disbursement 06 / 19 / 2009
	City ST. CLAIRSVILLE State OH Zip Code 43950	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution to Federal Candidate	011 Category/ Type
	Candidate Name Rep. Charlie Wilson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
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)

PAGE 12 / 16

<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)
American Pharmacists Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) MORAN FOR KANSAS	Transaction ID: D82465 Date of Disbursement <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>3</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	3	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	1	3	/	2	0	0	9													
	Mailing Address P.O. Box 1151																					
	City Hays State KS Zip Code 67601	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">1500.00</div>																				
	Purpose of Disbursement Contribution to Federal Candidate	<div style="border: 1px solid black; padding: 2px; width: 50px; margin: 0 auto;">011</div> Category/ Type																				
	Candidate Name Rep. Jerry Moran																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B.	Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS	Transaction ID: D76368 Date of Disbursement <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>2</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	2	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	1	2	/	2	0	0	9													
	Mailing Address 1157 San Bernard																					
	City Austin State TX Zip Code 78702	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">2000.00</div>																				
	Purpose of Disbursement Contribution to Federal Candidate	<div style="border: 1px solid black; padding: 2px; width: 50px; margin: 0 auto;">011</div> Category/ Type																				
	Candidate Name Rep. Lloyd Doggett																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C.	Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE	Transaction ID: D79419 Date of Disbursement <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>2</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	9	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	1	9	/	2	0	0	9													
	Mailing Address PO Box 360																					
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">5000.00</div>																				
	Purpose of Disbursement Contribution to Federal Candidate	<div style="border: 1px solid black; padding: 2px; width: 50px; margin: 0 auto;">011</div> Category/ Type																				
	Candidate Name Rep. Mike A. Ross																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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)

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<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)
American Pharmacists Association Political Action Committee

A. Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS Mailing Address 235 Montgomery Street City San Francisco State CA Zip Code 94104 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Nancy Pelosi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D86777 Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2009
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

B. Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMITTEE Mailing Address 123 West High Avenue City New Philadelphia State OH Zip Code 44663 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Zack Space Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D84856 Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2009
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

C. Full Name (Last, First, Middle Initial) FRIENDS OF BERNIE SANDERS Mailing Address PO BOX 391 City BURLINGTON State VT Zip Code 05402 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Sen. Bernard Sanders Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D76245 Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)
American Pharmacists Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC	Transaction ID: D86897 Date of Disbursement 06 / 19 / 2009
	Mailing Address PO BOX 1000	Amount of Each Disbursement this Period 2000.00
	City DES MOINES State IA Zip Code 50304	
	Purpose of Disbursement Contribution to Federal Candidate	011 Category/ Type
	Candidate Name Sen. Charles E. Grassley	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD	Transaction ID: D84884 Date of Disbursement 06 / 04 / 2009
	Mailing Address PO BOX 270701	Amount of Each Disbursement this Period 1000.00
	City WEST HARTFORD State CT Zip Code 06127	
	Purpose of Disbursement Contribution to Federal Candidate	011 Category/ Type
	Candidate Name Sen. Christopher J. Dodd	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: D84217 Date of Disbursement 04 / 27 / 2009
	Mailing Address P.O. BOX 19163	Amount of Each Disbursement this Period 1500.00
	City LAS VEGAS State NV Zip Code 89132	
	Purpose of Disbursement Contribution to Federal Candidate	011 Category/ Type
	Candidate Name Sen. Harry Reid	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
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)

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<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)

American Pharmacists Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
COBURN FOR SENATE 2010

Mailing Address POST OFFICE BOX 977

City MUSKOGEE State OK Zip Code 74402

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Sen. Tom Coburn

Office Sought: House
 Senate
 President

State: OK District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: D76244

Date of Disbursement

02 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

28500.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

American Pharmacists Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mrs. April Shaw

Mailing Address 5182 Reynolds Road

City State Zip Code
Centerburg OH 43011

Purpose of Disbursement
Refunded Contribution from 12/18/2008

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D88151

Date of Disbursement

06 / 22 / 2009

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional) ▶

25.00

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

25.00