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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Pharmacists Association Political Action Committee 2215 Constitution Avenue, NW ADDRESS (number and street) Check if different than previously DC 20037 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00193854 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2009 06 30 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Roger K. Browning Type or Print Name of Treasurer Electronically Filed by Mr. Roger K. Browning 07 30 2009 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/16

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American Pharmacists Association Political Action Committee

D D [®]D 0 1 0 1 2009 0.6 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 42581.09 January 1 (b) Cash on Hand at 42581.09 Begining of Reporting Period 20587.00 20587.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 63168.09 63168.09 6(a) and 6(c) for Column B) 28628.71 28628.71 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 34539.38 34539.38 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X 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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 16

Write or Type Committee Name

American Pharmacists Association Political Action Committee

Report Covering the Period:

From: 0 1

^D 0 1

2009

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^D 3 0

^Y 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20587.00	20587.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. 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
D. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	20587.00	20587.00
. Total Federal Receipts (subtract Line 18(c) from Line 19)	20587.00	20587.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 16

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	erating Expenditures: Shared Federal/Non-Federal		I.
(a)	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating	400.74	400.74
	Expenditures	103.71	103.71
(c)	Total Operating Expenditures	103.71	103.71
Tron	(add 21(a)(i), (a)(ii) and (b))	103.71	103.71
	nmittees	0.00	0.00
. Con	tributions to		
Fed	eral Candidates/Committees Other Political Committees	28500.00	28500.00
	ependent Expenditure		
	Schedule E)	0.00	0.00
. Coo Con	rdinated Expenditures Made by Party	0.00	0.00
(use	nmittees (2 U.S.C. 441a(d))	0.00	0.00
Lac	a Danaymenta Mada	0.00	0.00
. Loai	n Repayments Made	0.00	0.00
'. Loai	ns Made	0.00	0.00
	unds of Contributions To:		
(a)	Individuals/Persons Other Than Political Committees	25.00	25.00
	Thair Folitical Committees		
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees	2.00	0.00
	(such as PACs)	0.00	0.00
(d)	Total Contribution Refunds	25.00	25.00
	(add Lines 28(a), (b), and (c))	25.00	25.00
. Othe	er Disbursements	0.00	0.00
). Fed	eral Election Activity (2 U.S.C 431(20))		
	Shared Federal Election Activity		
` '	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	.,	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b)	Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
(c)	Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Tot	al Disbursements (add Lines 21(c), 22,		
23,	24, 25, 26, 27, 28(d), 29 and 30(c))	28628.71	28628.71
	tal Federal Disbursements		
(SII	btract Line 21(a)(ii) and Line 30(a)(ii)	28628.71	28628.71
•	m Line 31)		

DETAILED SUMMARY PAGE

of Disbursements

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
85. 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

FE6AN026

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 16 (check only one) X
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Pharmacists Association F	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Thomas R. Hodel Mailing Address Box 1781			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Soldotna	State AK	Zip Code 99669	Transaction ID: C690209 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Soldotna Professional Pha- rmacy Receipt For: 2010 X Primary General Other (specify) ▼	Occupatio Owner Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) William E. Kearney Mailing Address 5136 Hill Rd E	1		Date of Receipt 0 6 1 9 2 0 0 9
	City	State	Zip Code	Transaction ID: C759945
	Lakeport FEC ID number of contributing federal political committee.	CA	95453	Amount of Each Receipt this Period 500.00
	Name of Employer North Lake Medical Pharma- cv	Occupatio Owner	n	
	Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ :.	Full Name (Last, First, Middle Initial) Gregory O. Kitchens			Date of Receipt
	Mailing Address 2543 Bennits Mill Wa	ay		01 15 2009
	City	State	Zip Code	Transaction ID: C690200
	Tallahassee FEC ID number of contributing federal political committee.	C	32312	Amount of Each Receipt this Period 250.00
	Name of Employer Clinical Services at Artia Solutions	Occupatio Vice Pre		
	Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional))	1000.00

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) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Pharmacists Association	d Statements may not be sold or used by any personant the name and address of any political committee to Political Action Committee	
Full Name (Last, First, Middle Initial) James C. Kloster Mailing Address 809 S Meyer Ave City Tucson FEC ID number of contributing federal political committee. Name of Employer University of AZ College of Pharmacy Receipt For: 2010	State Zip Code AZ 85701 C Occupation Pharmacist	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
X Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David M. Smith	Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Mailing Address 610 E Romie Lane, City Salinas FEC ID number of contributing federal political committee. Name of Employer A&O Clinic Pharmacy	State Zip Code CA 93901 C Occupation Pharmacist	Transaction ID: C690216 Amount of Each Receipt this Period 500.00
Receipt For: 2010 X Primary General Other (specify) Full Name (Last, First, Middle Initial) Donald H. Williams Mailing Address 257 140th Ave NE	Aggregate Year-to-Date ▼ 500.00	Date of Receipt
City Bellevue FEC ID number of contributing federal political committee.	State Zip Code WA 98005-4728	Transaction ID: C690259 Amount of Each Receipt this Period 150.00
Name of Employer WA State Board of Pharmacy Receipt For: 2010 X Primary General Other (specify) ▼	Occupation Pharmacy Consultant Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)	1150.00

SCHEDULE A	(FEC Form 3X)			FOR	LINE	NUN	MBER:	PAG	GE 8,	/ 16	
ITEMIZED RE	` ,		Use separate schedule(s) for each category of the Detailed Summary Page	X	ck only 11a 13		11b [14	11c	\rightarrow	12 16 [17
			not be sold or used by any persodress of any political committee to								
NAME OF COMM American Phan	IITTEE (In Full) macists Association Polit	tical Action	Committee								
Full Name (Last, F Donald H. Williams Mailing Address City		State	Zip Code		ate of	/	16	/ Y 69026	20	y y 0 0 9	
Bellevue FEC ID number of federal political con Name of Employee WA State Board of	mmittee.	C Occupation		Aı	mount	of E	Each Re	eceipt th		riod 0.00	•
Receipt For: X Primary Other (speci	2010 General		y Consultant Year-to-Date ▼ 250.00	1							

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

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Han annual astrolated N	FOR LINE	NUMBER:	PAGE 9/16
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	- · -	
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem	lents may not be sold or used by			
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Pharmacists Association Politica	al Action Committee			
Full Name (Last, First, Middle Initial) Wachovia			Transaction ID: Date of Disburse	
Mailing Address NC8502 PO Box 563966			06 / 00	9 7 2009
City Charlotte	State Zip Code NC 28262		Amount of Each	Disbursement this Period
Purpose of Disbursement Bank Fees	1	001		6.89
Candidate Name		Category/ Type		
	ement For: 2010 Primary General Other (specify)), i		
State: District:				
Full Name (Last, First, Middle Initial) Wachovia			Transaction ID: Date of Disburse	
Mailing Address NC8502 PO Box 563966			01 / 1	D / Y 20099
City Charlotte	State Zip Code NC 28262		Amount of Each	Disbursement this Period
Purpose of Disbursement Bank Fees		001		16.31
Candidate Name		Category/ Type		
Senate X President	ement For: 2010 Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Wachovia			Transaction ID: Date of Disburse	
Mailing Address NC8502 PO Box 563966			0 2 1	0 2009
City Charlotte	State Zip Code NC 28262		Amount of Each	Disbursement this Period
Purpose of Disbursement	Г			10.41
Bank Fees Candidate Name		001 Category/		
Senate X President	ement For: 2010 Primary General Other (specify)	Туре		
State: District:				
SUBTOTAL of Disbursements This Page (optional)		<u></u>		33.61

TOTAL This Period (last page this line number only)

50	CHEDULE B (FEC Form 3)	Use se	eparate schedule(s	1 -	NUMBER: PAGE 10 / 16
ITI	EMIZED DISBURSEMENTS	for eac	ch category of the ed Summary Page	(check only 21b 27	7 one) 22 23 24 25 2 28a 28b 28c 29
	y Information copied from such Reports and or commercial purposes, other than using the commercial purposes.				
1 \	NAME OF COMMITTEE (In Full) American Pharmacists Association	Political Action	Committee		
	Full Name (Last, First, Middle Initial) Wachovia				Transaction ID: D88118 Date of Disbursement
	Mailing Address NC8502 PO Box 5	663966			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & O \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & O & O & 9 \end{smallmatrix} \end{bmatrix} $
	City Charlotte	State NC	Zip Code 28262		Amount of Each Disbursement this Perio
	Purpose of Disbursement Bank Fees Candidate Name			001 Cotogon/	45.00
		Disbursement For	: 2010	Category/ Type	
	Senate President	X Primary			
	State: District: Full Name (Last, First, Middle Initial)				Transaction ID: D88119
	Wachovia				Date of Disbursement O 4 O 9 O 9 O 9
	Mailing Address NC8502 PO Box 5				
	City Charlotte	State NC	Zip Code 28262		Amount of Each Disbursement this Perio
	Purpose of Disbursement Bank Fees			001	14.43
	Candidate Name			Category/ Type	
	Senate President	Disbursement For X Primary Other (s			
	State: District: Full Name (Last, First, Middle Initial) Wachovia				Transaction ID: D88120 Date of Disbursement
	Mailing Address NC8502 PO Box 5	663966			05 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Charlotte	State NC	Zip Code 28262		Amount of Each Disbursement this Perio
	Purpose of Disbursement Bank Fees			001	10.67
	Candidate Name			Category/ Type	
	Office Sought: House Senate President State: District:	Disbursement For X Primary Other (s			
					70.40
SL	JBTOTAL of Disbursements This Page (o	otional)		<u></u>	70.10
TC	OTAL This Period (last page this line numb	er only)			103.71

Detailed Summany Page	CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate sche for each category of	dule(s) (check	LINE NUMBER: PAGE 11 / 16 only one)
NAME OF COMMITTEE (in Full) American Pharmacists Association Political Action Committee Full Name (Last, First, Middle Initial) BRALEY FOR CONGRESS Mailing Address PO Box 390 City State Zip Code IA 50704 Purpose of Disbursement Contribution to Federal Candidate Candidate Name President State: IA District: 20 City State: IA District: 01 Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN Mailing Address PO Box 12612 City State: Zip Code IA South		Detailed Summary	Page 21 27	28a 28b 28c 29
NAME OF COMMITTEE (In Full) American Pharmacists Association Political Action Committee Full Name (Last, First, Middle Initial) BRALEY FOR CONGRESS Malling Address PO Box 390 City State Zip Code IA 50704 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Bruce L. Braley Office Sought: X House President State: IA District: 01 Full Name (Last, First, Middle Initial) Frei				
Mailing Address PO Box 390 City State Zip Code Waterloo IA 50704 Purpose of Disbursement Contribution to Federal Candidate Name Rep. Charles A. Gonzalez First, Middle Initial) Cardidate Name Rep. Charles A. Gonzalez Office Sought: X House Senate President State: IA District: 01 Full Name (Last, First, Middle Initial) Contribution to Federal Candidate Contribution to Federal Candidate Name President State: IA District: 01 Full Name (Last, First, Middle Initial) City State Zip Code TX 78212 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Charles A. Gonzalez Full Name (Last, First, Middle Initial) State: TX District: 20 Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON Mailing Address P.O. BOX 61 City State Zip Code Senate President State: TX District: 20 Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON Mailing Address P.O. BOX 61 City State Zip Code OH 43950 Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON Mailing Address P.O. BOX 61 City State Zip Code OH 43950 Full Name (Last, First, Middle Initial) Fransaction ID: D84622 Date of Disbursement To: 2010 Amount of Each Disbursement Other (specify) ▼ Amount of Each Disbursement this Period Other (specify) ▼ Transaction ID: D84622 Date of Disbursement To: 2010 Amount of Each Disbursement To: 2010 Category¹ Type Transaction ID: D84622 Date of Disbursement To: 2010 Category¹ Type Transaction ID: D84622 Date of Disbursement To: 2010 Category¹ Type Transaction ID: D84622 Date of Disbursement To: 2010 Category¹ Type Transaction ID: D84622 Date of Disbursement To: 2010 Category¹ Type Transaction ID: D84622 Date of Disbursement To: 2010 Category¹ Type Transaction ID: D84622 Date of Disbursement To: 2010 Category¹ Type Transaction ID: D84622 Date of Disbursement To: 2010 Category¹ Type Transaction ID: D84622 Date of Disbursement To: 2010 Category¹ Type Transaction ID: D84622 Date of Disbursement To: 2010 Category¹ Type Type Type	NAME OF COMMITTEE (In Full)			
City Waterloo State Zip Code				
Waterloo IA 50704 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Bruce L. Braley Office Sought: Sanate President State: IA District: 01 Full Name (Last, First, Middle Initial) Charlicate Name Rep. Category/ Type Office Sought: City San Antonio TX 78212 Office Sought: X House President State Zip Code TX 78212 Office Sought: X House Senate President TX 78212 Office Sought: X House Senate President State: TX District: 20 Full Name (Last, First, Middle Initial) Office Sought: X House President State: TX District: 20 Full Name (Last, First, Middle Initial) Office Sought: X House President State: TX District: 20 Full Name (Last, First, Middle Initial) State: TX District: 20 Full Name (Last, First, Middle Initial) State: TX District: 20 Full Name (Last, First, Middle Initial) State: TX District: 20 Full Name (Last, First, Middle Initial) State: TX District: 20 Full Name (Last, First, Middle Initial) State: TX District: 20 City State Zip Code OH 43950 Amount of Each Disbursement Office Sought: Amount of Each Disbursement this Period Name Rep. Charlie Wilson Office Sought: X House President Office Sought: X Primary General Office Sought: Office Sought: Office Sought: Office Sought: X Primary General Office Sought: Off	Mailing Address PO Box 390			06 / 19 / 2009
Contribution to Federal Candidate Candidate Name Rep. Bruce L. Braley Office Sought:			e	Amount of Each Disbursement this Peri
Rep. Bruce L. Braley Office Sought:	•		011	2500.00
Senate President State: IA District: 01 Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN Mailing Address PO Box 12612 City San Antonio TX 78212 Purpose of Disbursement Contribution to Federal Candidate Rame Rep. Charlie Wilson Mailing Address P.O. BOX 61 Full Name (Last, First, Middle Initial) Cardidate Name Rep. Charlie Wilson Mailing Address P.O. BOX 61 Transaction ID: D79367 Date of Disbursement D7 2				
Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN Mailing Address PO Box 12612 City State Zip Code San Antonio TX 78212 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Charles A. Gonzalez Office Sought: X House Senate President State: TX District: 20 Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON Mailing Address P.O. BOX 61 City State Zip Code OH 43950 City State	Senate	Primary Ge	-	
CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN Mailing Address PO Box 12612 City State Zip Code TX 78212 Purpose of Disbursement Contribution to Federal Candidate Name Rep. Charlies No. Box 12612 Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON Mailing Address P.O. BOX 61 City State Zip Code TX 78212 Disbursement For: 2010				Transaction ID: D70267
City San Antonio Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Charles A. Gonzalez Office Sought:		NAL CAMPAIGN		Date of Disbursement
San Antonio TX 78212 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Charles A. Gonzalez Office Sought: X House Senate President President State: TX District: 20 Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON Mailing Address P.O. BOX 61 City ST. CLAIRSVILLE OH 43950 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Charlie Wilson Office Sought: X House President State Zip Code OH 43950 Amount of Each Disbursement this Period Category/ Type Office Sought: X House President Other (specify) Transaction ID: D84622 Date of Disbursement Office Sought: Office Sought: X House President Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify)	Mailing Address PO Box 12612			0 2 1 9 / 2 0 0 9
Contribution to Federal Candidate Candidate Name Rep. Charles A. Gonzalez Office Sought:			е	Amount of Each Disbursement this Peri
Rep. Charles A. Gonzalez Office Sought: X House Senate President State: TX District: 20 Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON Mailing Address P.O. BOX 61 City St. CLAIRSVILLE OH 43950 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Charlie Wilson Office Sought: X House Senate President Disbursement For: 2010 Amount of Each Disbursement this Period Category/Type Office Sought: X House Senate President Disbursement For: 2010 Amount of Each Disbursement this Period Category/Type Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Type	·		011	2500.00
Senate			, ,	_
Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON Mailing Address P.O. BOX 61 City State Zip Code ST. CLAIRSVILLE OH 43950 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Charlie Wilson Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) Other (specify) Other (specify)	Senate President	Primary Ge		
City State Zip Code ST. CLAIRSVILLE OH 43950 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Charlie Wilson Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) ▼	Full Name (Last, First, Middle Initial)			
ST. CLAIRSVILLE OH 43950 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Charlie Wilson Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) Other (specify)	Mailing Address P.O. BOX 61			06 19 / 2009
Contribution to Federal Candidate Candidate Name Rep. Charlie Wilson Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify)			e	Amount of Each Disbursement this Peri
Rep. Charlie Wilson Office Sought: X House Senate President Disbursement For: X Primary General Other (specify)			011	1000.00
Senate X Primary General President Other (specify) ▼				
	Senate	Primary Ge		
	State: OH District: 06			

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	ays			State KS	Zip Code 67601				Amou	ınt of E	Each I	Disburs	-		_
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	andidate Name ep. Lloyd Dogget	t					_)							
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